



Royal Commission
into Defence and Veteran Suicide

Families, data and research, and establishing a new entity

Volume 6

Final Report

Alex Seton

For Every Drop Shed in Anguish

made in Sydney, 2022–2023

Australian Pearl Marble

dimensions variable

Collection of the Australian War Memorial, acquired by commission in 2023

AWM2021.938.1

© Alex Seton

Together with veterans and their families, the Australian War Memorial commissioned this work of art to recognise and commemorate the suffering caused by war and military service. *For Every Drop Shed in Anguish* by Alex Seton provides a place in the Australian War Memorial's Sculpture Garden for visitors to grieve, to reflect on service experiences, and to remember the long-term cost of war and service.

Artist Alex Seton said, 'These rounded and abstracted liquid forms represent every drop of blood, sweat and tears ever shed by Australian military personnel and their families. It was very important that we create a different kind of memorial, not a singular heroic monument, but a grouping that acknowledges that there is a wider impact of mental and physical trauma. The large group of forms alludes to the suffering that radiates out from the individual, affecting their family, friends and communities.'

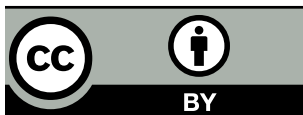
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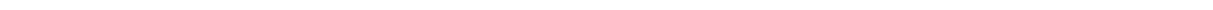


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Volume 6:

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and establishing a new entity**



Content warning – discussion of suicide and suicidality

This report is about suicide and suicidality among serving and ex-serving Australian Defence Force (ADF) members. It includes information related to these topics as well as experiences that have contributed to people becoming suicidal. This report includes content that readers may find distressing, confronting, emotionally-laden or otherwise difficult to read. You may find that reading this report brings up traumatic memories or strong emotional responses. We encourage you to speak with someone you trust, or you may wish to seek professional support through one of the services listed here if needed.

It is important to write about suicide, suicidality, traumatic experiences and their ramifications safely and responsibly. In the past, talking about suicide and suicidality has been taboo. We aim to approach our discussion about them in a constructive way. This report was written in line with our trauma-informed approach and using guidance from the Mindframe program.¹ We have aimed to avoid using language that might stigmatise suicide or suicidality or that might inadvertently encourage suicide. We recognise that because this report includes evidence and information provided by other people and organisations, there may be times when the language used does not always meet best practice guidelines.

Urgent support

If you require urgent or immediate help, you can:

- call triple zero (000)
- go to your local emergency department.

1 Mindframe, *A guide for media reporting on defence and veteran suicide*, 22 December 2022.

Crisis support services

Suicide Call Back Service

1300 659 467

24-hour counselling service for suicide prevention and mental health. Available via telephone, online and by video chat.

Open Arms

1800 011 046

24-hour mental health support for Navy, Army & Air Force personnel, veterans and their families.

Defence Member and Family Helpline

1800 624 608

24-hour service providing a range of practical and emotional support programs for families facing emergency or crisis.

Defence All-hours Support Line

1800 628 036

24-hour service for Australian Defence Force members and their families providing help to access military or civilian mental health services.

Lifeline Australia

13 11 14 or text 0477 13 11 14

24-hour crisis support service. Available via telephone, online and text chat.

Beyond Blue

1300 224 636

24-hour counselling service. Available via telephone, online or email.

1800RESPECT

1800 737 732

24-hour counselling service for sexual assault, family and domestic violence.

Men's Referral Service

1300 766 491

24-hour counselling, information and referral service for men concerned about their own use of violence or abusive behaviour.

MensLine

1300 78 99 78

24-hour support for men with concerns about mental health, anger management, family violence, addiction, relationship stress and wellbeing. Available via telephone, online and by video chat.

13YARN

13 92 76

24-hour national support line for First Nations people in crisis.

QLife

Call 1800 184 527 or visit qlife.org.au

The QLife phone and webchat service is available 3pm to midnight every day, providing space for where LGBTQI+ people and their loved ones can talk about anything affecting their lives.

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Part 7

**Matters of importance
to the whole Defence
and DVA ecosystem**

27 Importance of families

Summary

Family, and the support that serving and ex-serving members may derive from their family, is a protective factor for mental health and the prevention of suicide and suicidality. Defence accepts that military capability is derived from the member and the family unit which supports that member and enables their service.

Defence also accepts that service in the Australian Defence Force (ADF) can contribute to stress on the member and family unit. Disruptions to family life occur as a result of relocations, absences from home, difficulties securing childcare, disruption to spouse/partner employment and changes associated with transition from service.

Family and relationship breakdowns, potentially exacerbated by the stressors of service life, can have a detrimental impact on serving and ex-serving members, potentially increasing their risk of suicide and suicidality.

These issues have been identified in successive reviews, yet the negative impacts on families appear to have remained constant. A 1986 review highlighted many of the same issues affecting members and their families today. In particular, we identify the persistent challenges of securing childcare and civilian partner employment when the family unit relocates with the serving member.

Defence provides services and support to members and their families through the Defence Member and Family Support (DMFS) Branch. While services are available to assist members and their families, including a dedicated 24/7 helpline, we find that a lack of awareness and effective communication about those services may have affected take-up. We also find that communication needs to be directed at the family unit, on an 'opt-out' basis, to improve information sharing, mitigate access barriers and reduce reliance on the serving member to facilitate access.

Noting that the ADF Family Covenant recognises the contributions ADF families make to operational effectiveness, and states that Defence commits to listening and responding to the needs of families, we find the same issues have been communicated to Defence repeatedly. Yet these issues remain, which is unacceptable.

While the Department of Veterans' Affairs (DVA) and Defence have established formal Advocate office holders and support staff, we find a number of issues limit their effective collaboration and advocacy for serving and ex-serving members and their families.

27.1 Introduction

1. The terms of reference for this Royal Commission require us to have regard to any systemic issues in the current availability and effectiveness of support services for, and in the engagement with, families and others affected by defence and veteran suicide, or who have supported a defence member or veteran with lived experience of suicide behaviour or risk factors.
2. This chapter explores the critical role the family unit can play in supporting serving and ex-serving members to be mentally healthy and resilient. Strong family relationships serve as a protective factor against suicide and suicidality. We examine how the stressors of service life affect the family unit and can reduce the ability of the family unit to support members.
3. As has been widely acknowledged, the capability of the Australian Defence Force (ADF) is derived, at least in part, from the strength of the family unit in supporting the member to serve. The capability of the ADF directly correlates with the strength, professionalism and resilience of its people, and family relationships are central to supporting the member in serving in the national interest.
4. Supporting the family unit to support the member is, therefore, in the interests of members and their families, the ADF and the broader Australian community.
5. Tireless work on the part of bereaved family members was the catalyst for this Royal Commission. The unimaginable toll on a family of losing a loved one to suicide is impossible to put into words. We recognise and pay tribute to the determined advocacy of the family members of serving and ex-serving personnel who have experienced suicidality or died by suicide. It has drawn the attention of all to the national crisis that is suicidality and death by suicide of serving and ex-serving ADF members.
6. Defence has long known that the unique nature of service significantly affects families supporting members' service. In April 1986, Ms Sue Hamilton, then Assistant Secretary of the Office of the Status of Women, completed a five-month study into the issues facing the families of serving personnel. In *Supporting Service Families: a Report on the Main Problems Facing Spouses of Australian Defence Force Personnel and Some Recommended Solutions* (the Hamilton Report), Ms Hamilton made a series of recommendations that addressed the most significant issues brought to her attention during her tour of Australian military bases and in over 700 written submissions. The recommendations made by Ms Hamilton related to families' needs for support, particularly in relation to employment, education, housing and relocation assistance.¹
7. The Hon Richard Marles MP, Deputy Prime Minister and Minister for Defence, stated during our final hearing block:

We want families to hear our acknowledgement of their pain and I do want families to know that that is something we see very clearly. I actually don't want families to judge us on what we say right now. Judge us on what happens ...

[A]t the end of the day, we will say what we say in this moment, but what is actually going to matter is what you recommend and what we ultimately implement. You know, history will be our judge and I just want the families to know that we are deeply mindful that in all that we do, we will not be able to escape the judgement of history and we are utterly focused on making [sure] that this – your work and our response to it – results in meaningful change.²

8. A 2022 study commissioned by Defence, the Artemis Partners' *Scoping Study of Support to Families of Serving Military Members*, observed that:

the research is clear, ADF members perform better and serve longer when their family is happy, well and stable.³

9. The DMFS Branch, part of the Chief of Personnel's work remit, is responsible for providing services and supports to members and their families. This chapter discusses a number of the services provided by DMFS and the effectiveness, or otherwise, of the communication and promotion of DMFS services to ensure serving members and their families access the available supports when they need them.
10. This chapter also explores the role of the Defence Family Advocate, the 'senior most representative of the families of current serving ADF members',⁴ who heads Defence Families of Australia (DFA), and the work of the Veteran Family Advocate Commissioner, who performs a similar role to influence the veteran support system administered by the DVA.
11. The Family Wellbeing Study, carried out by the Transition and Wellbeing Research Programme, is an important contribution to the discussion of the support the family unit makes to the member and Defence capability. As the study report states, 'A common saying in the military is that when one person joins, the whole family serves'.⁵
12. We hope that Defence continues to research, study and evaluate the impact of service on members, such as occurred in the Transition and Wellbeing Research Programme. A regular program of world class research and analysis will assist Defence to continually realise opportunities to improve the experience of members and their families in support of the ADF.

27.2 Defining 'family'

13. We acknowledge that how a person defines 'family' and identifies the people that they consider to be family is unique and personal. As such, there is no single definition of the term 'family' that we intend to apply in this chapter. Rather, we realise and accept that the definition of family changes over time and means different things to different people and cultures.⁶

14. As Ms Sandi Laaksonen-Sherrin, then Defence Family Advocate and head of DFA, said:

The nuclear family of yesterday is not the family of today. Families are any shape and size that you can imagine, and they are all relevant and important members of the Defence community ...⁷

15. For some, family includes carers and people who aren't kin, as well as extended relations. Dr Elaine Waddell, academic and expert witness, said families define themselves:

We haven't defined family in any of our studies because families generally define themselves. A family is a group of people with a relationship between the members. It can be as small as a group of two people, a couple of partners; it can be as large as, I suppose, an extended family. So we have been very careful in studies not to have a rigid definition of 'family'.⁸

16. Professor Helen Milroy from the University of Western Australia explained the concept of family in a First Nations context:

it does vary between communities but generally speaking kinship models are a much broader attachment model, and relationships are one step closer than what you would have in a western perspective on family structure. So for example, if you looked at my family, for example and you looked at my brothers and sisters, all of their children and my children would be considered brothers and sisters, not cousins, and so the relationship is meant to be closer. So for example, I would be considered a mother to my sisters' or brothers' children, and I would take on that role as mother, not as auntie ...⁹

17. Definitions are powerful. They can be used by individuals as a way to construct identity, or by institutions to enable or to limit or restrict access to conditions. The Artemis Partners 2022 *Scoping Study of Support to Families of Serving Military Members* highlighted research that explained it by saying:

the military family as commonly conceived is constructed by government as gateways for access to services and support, which is not an accurate reflection of what military families actually are. It is a definition of family that is 'very much driven by the cost of access to services, and in turn the overall cost of provision'. As such, the definitions tend to be tight and conservative.¹⁰

18. Major General Wade Stothart, Head of Military Personnel, Department of Defence, agreed that individuals define their own family, but also explained that Defence use the definition of family as a way to determine eligibility of access to conditions and entitlements:

the serving members' definition of their family and who is important to them is very unique to that person ... And, therefore, we need to be very conscious of who is important to our members, and how we are able to provide support

and assistance to them for that. Recent surveys are showing the importance of parents, aging parents, carers, pets and relationships that may not be a blood tie relationship, familial-wise.¹¹

So on one hand we are accommodating of a very broad definition of family, but at times there is a policy interpretation of a family member, as it will equate to the provision of things like housing, allowances, relocation support, so there is a more defined requirement to understand family make-up and composition.¹²

19. Lieutenant General Natasha Fox AO CSC, Chief of Personnel, stated that there are over 71,000 'dependants' across the entire Defence enterprise, which includes partners, children and family who ordinarily reside with the member.¹³ The provision of high-quality, timely and appropriate support services and information to these family members is a significant and essential undertaking for Defence. Understanding exactly who these dependants are, and the evolving social constructs of a family relationship, is an important element of designing and providing the best possible support and information to this large cohort.
20. In order for Defence to be able to engage with a serving member's family, the serving member must identify these persons as such, and the persons must come under Defence's definition of 'family'. From 2022, the DMFS, which provides services and support to members and their families, defines 'family' as: 'Dependants, loved ones or close persons who support a member throughout their service and may be impacted by both their time in service and their transition and reintegration into civilian culture'.¹⁴ We welcome this inclusive application, and hope to see this broad definition find its way to eligibility and entitlements across a range of Defence legislative instruments.
21. Family and who constitutes a member of an ex-serving member's family and can access services and support provided by the DVA varies with the legislation under which the individual member is eligible. While Defence has changed its categorisation framework to better recognise contemporary family constructs and no longer uses the word 'dependant',¹⁵ this term persists in DVA's various definitions of 'family'.
22. The DVA provides entitlements and supports to eligible serving and ex-serving members and their eligible family members under three pieces of legislation, the *Veterans' Entitlement Act 1986* (the VEA), the *Military Rehabilitation and Compensation Act 2004* (the MCRA) and the *Safety, Rehabilitation and Compensation (Defence-Related Claims) Act 1988* (the DRCA).¹⁶
23. The definition of 'dependant', or equivalent term, varies in each piece of legislation.¹⁷ Under the DRCA, a dependant can be a spouse, parent, step-parent, parent-in-law, grandparent, step-child, grandchild, child, sibling or half sibling. However, the definition in the VEA is considerably narrower, and it differs again in the MRCA.¹⁸

24. These inconsistent definitions create confusion, as families can receive different levels of support depending on which Act governs their entitlements, adding another layer of complexity for families seeking to access services. These should be consistent as part of the new harmonised legislation. Where a degree of discretion is possible, it should be used to provide the most generous eligibility of family members possible.
25. The use of such terms in legislation should not unduly restrict the provision of support and services to persons the member considers to be their family.
26. We have heard evidence from Ms Gwen Cherne, the Veteran Family Advocate Commissioner, who holds a statutory appointment separate to but connected with the DVA support system to advocate for the needs of families. Commissioner Cherne highlighted how DVA definitions can exclude non-financially dependent family members from valuable forms of support – for example, bereavement support, where the individual is not wholly or partially financially dependent on the serving or ex-serving ADF member.¹⁹
27. Commissioner Cherne explained that DVA's benefits and services had been developed around the concept of a nuclear family, and were out of touch with the reality of contemporary families:

Because all of our systems and supports are set up for nuclear families, for this very brief moment in time where we had two partners and 2.2 children and our systems and supports are set up for that family structure. That isn't the reality of our families ... if we do not define 'families' differently, we will not get to the families we need to get to ...²⁰

28. Ms Renee Wilson, Chief Executive Officer of the Families of Veterans Guild, formerly Australian War Widows NSW, gave evidence about the effects of differing legislative definitions on families' access to services. She also pointed to the importance of family in supporting veterans, and the need for families themselves to receive support. She said this would better enable them to play a protective role, and linked this to suicide prevention:

For those that are not recognised as DVA widows [or widowers], there is one government option open to them, and that is Open Arms, which is the counselling service. However, the availability and effectiveness of that counselling service is limited and often doesn't meet the individual's needs. We have found that families and caregivers need practical information, a support network, assistance in managing their responsibilities, assistance in mitigating burn-out and recognition of the role they play. They are central to achieving positive health outcomes for veterans. But they are not veterans, and they ought not be seen as such. They must be a priority because without them, we will not reduce the incidence of suicide.²¹

29. Currently, family members are generally only eligible for many forms of support if they are wholly or partially financially dependent on the serving or ex-serving ADF member. This has the effect of excluding family members – such as parents – who are not

financially dependent, and do not require financial support, but may need to access other forms of assistance, such as bereavement support. This might include access to support networks and inclusion in programs like psychoeducation.²²

30. Steps are being taken to address the complexities in the legislative system underpinning DVA through the Veterans' Legislative Reform Pathway. Families can contribute to this reform through the Veteran and Family Policy Group in DVA, and the Veteran Family Advocate Commissioner.²³ Consultation on the draft version of the Veterans' Entitlements, Treatment and Support (Simplification and Harmonisation) Bill 2024 closed on 28 April 2024.²⁴ We welcome the role of serving and ex-serving member families in this reform and look forward to the removal of inconsistent definitions and entitlements in the new Act.
31. We acknowledge the work currently underway to better articulate how Defence and DVA will support and engage families with the Draft Defence and Veteran Family Wellbeing Strategy 2023–2027.²⁵ However, we note that there has been no specific budget allocated to the implementation of the strategy, and its deliverables will be determined in action plans that are yet to be developed.²⁶
32. Similarly, we welcome the new role of Deputy Secretary, Veteran, Family and Stakeholder Experience within DVA as described in evidence by Ms Alison McLaren, the inaugural holder of the role of Deputy Secretary, Veteran, Family and Stakeholder Experience.²⁷ Ms McLaren spoke about engaging with the Families Forum and the importance of these kinds of engagements in informing DVA policy and program development.²⁸ However, we note it is too early to assess the influence of the role and the strategy in improving engagement with families.

27.3 The family unit enables Defence capability

33. The National Defence Strategy, released on 17 April 2024, recognises the importance of families to Defence capability.

Families are critical to the retention and operational effectiveness of ADF personnel. The Government recognises and values the pivotal role Defence families provide in supporting the health and wellbeing of Defence's people. The Government is committed to supporting ADF members and their families by providing timely access to the right support and information, at the right time, to enable ADF personnel to be healthy, fit and able to perform their roles.²⁹

34. The ADF Family Covenant, affirmed by the successive Chiefs of the ADF also acknowledges Defence's commitment to supporting families.³⁰ It states:
 - Defence is committed to working with ADF families to help them balance the demands of service life with the needs of the family.
 - Defence recognises the contribution of ADF families to operational effectiveness.
 - Defence pays tribute to the commitment and sacrifice of ADF families.

- Defence acknowledges the unique nature of family and community life in the ADF.
 - Defence honours the inherent strength and capacity of ADF families.
 - Defence pledges to work in partnership with ADF families to enhance their self-reliance.
 - Defence commits to listening and responding to the needs of ADF families.³¹
35. This commitment was also expressed by senior Defence leaders during our public hearings. For example, Lieutenant General Fox indicated in her evidence that ‘families enable military service’.³²
36. Similarly, the Chief of Navy, Vice Admiral Mark Hammond AO RAN explicitly acknowledged the important role of families during his evidence, stating:
- families are a very important part of the support system. In fact, we derive our power at sea from the strength at home, which enables our sailors and officers to serve. So that’s why I welcome it.³³
37. Major General Stothart acknowledged the importance of families to Defence capability, saying:
- member capacity and wellbeing [are] linked to family wellbeing over a life course and a career course of their military service absolutely contributes to military capability.³⁴
38. During examination, Major General Stothart agreed with Counsel Assisting the Royal Commission that Defence has an obligation to redress the disadvantages to normal family and community life as a result of service.³⁵
39. The Minister for Defence Personnel and the Minister for Veterans’ Affairs, the Hon Matt Keogh MP told the Royal Commission:
- The other thing is that [if] the family’s not happy, people will leave the Defence Force and we’re conscious of that, too. So the better we can support families in service, as well as families out of service, we will get better results for our Defence Force and its capability, we’ll have better wellbeing for our serving personnel, we’ll have better wellbeing for our veterans.
- So, that’s absolutely something I think is a good thing – and that we’re committed to trying to do.³⁶
40. It is abundantly clear to us, as it is to Defence, that families provide critical support to the members who are their loved ones and, in doing so, support and lift Defence capability. As this has been publicly acknowledged by Defence many times, serving and ex-serving members and their families ought to expect that Defence and DVA will take all possible steps to provide the supports, services and information they need and continually learn about, evaluate and improve them.

41. The sentiment underpinning the ADF Family Covenant is correct and important. However, it is not clear how Defence translates that sentiment into meaningful action, improved outcomes and an evidence base for continued efforts and improvements. This is a consistent theme throughout our report.

27.3.1 Strong family relationships as a protective factor

42. Sustainable, strong relationships and support networks are vital for mental health and wellbeing.³⁷
43. While the circumstances surrounding deaths by suicide are complex and can occur in supportive family environments, positive family relationships can act as a protective factor, providing emotional and practical support, advocacy, social connection³⁸ and create a sense of responsibility, duty and a reason for living.³⁹
44. Experts have also demonstrated that when a serving or ex-serving member experiences mental illness, family members can mitigate the impact of this by supporting treatment and recovery. Specifically, family members can facilitate access to treatment,⁴⁰ be part of a treatment plan⁴¹ and provide hope for the future.⁴² As we heard from one ex-serving member:

If it wasn't for my wife and my children I probably wouldn't be here. I thought about suicide a lot. I'm not the confident young fella I used to be.⁴³

45. Dr Violette McGaw, researcher and former ADF psychologist, spoke about the sense of responsibility and duty that can arise in family relationships, particularly through the role of parent. Her doctoral thesis 'Veteran PTSD: An Insider's Perspective' described the protective nature of family relationships in the following terms:

As with the strong sense of family, parenting became a protective factor for all veterans in this study. Each veteran's connection to their role as a parent drove them to keep living, to: 'fight this shit just for them'; because 'if I left, my kids wouldn't have a father', because 'I have a family to look after', and 'the children give me something to focus on'.⁴⁴

46. However, Dr McGaw also said that being a parent can be a risk factor when a serving parent perceives their mental ill health as burdensome for their families.⁴⁵ She said:

And ... and for some of them [being a parent] also became a risk factor. For some of them it was, 'my family would be better off – if I ... wasn't here my family would be better off'.⁴⁶

47. Access to appropriate care is a protective factor against death by suicide.⁴⁷ Past inquiries and reports have highlighted the critical role played by family in this regard.⁴⁸

27.3.2 Family engagement in help-seeking, treatment and recovery can be invaluable

48. Professor Sharon Lawn and Dr Elaine Waddell, from the College of Medicine and Public Health, Flinders University, spoke about how important family participation in health treatment can be, especially in supporting help-seeking with, or on behalf of, their loved one. They also described better outcomes that can be achieved when the family is a partner in the process, including when they assist the health practitioner to understand how recovery is actually going.⁴⁹
49. Professor Lawn stated that family members can be the ones to seek help for ex-serving members when they have the 'least ability and resources to do so',⁵⁰ stepping up in situations of acute distress and need.
50. The Interim National Commissioner for Defence and Veteran Suicide Prevention, Dr Bernadette Boss CSC, highlighted that family members are often well placed to identify suicidality and mental health concerns;⁵¹ they can notice subtle changes in mood and behaviour. This was a common theme raised by experts in our public hearings.⁵² As Dr Waddell explained:

Families are the first to recognise that something's wrong. They share the life with the individual. A family knows when something is not right because they can see changes in moods and behaviours.⁵³

51. Ms Wilson, who is also the spouse of a veteran significantly injured during service, said:

when a person is mentally ill, often they have very little insight into how unwell they actually are, what their behaviours are and the impact of those behaviours on their loved ones ... It is the family, it is the friends and it is the care givers who are the ones with this awareness.⁵⁴

52. Professor Lawn and Dr Waddell said that families are an important source of information for mental health professionals, providing insights into the person's behaviour and character. They can help an accurate diagnosis to be identified and supported with effective treatment planning and monitoring.⁵⁵
53. Mr Alan Woodward, then a Commissioner for the National Mental Health Commission, reinforced this view, explaining that:

we need to work with [families] because those people can contribute to care and support but also, they are the people who are going to be close by and can see whether a person's distress levels are rising or lowering. And they may be the people who need to be asking the people, 'Are you feeling that you want to end your life right now? What can we do to help you?'⁵⁶

54. Families can also provide practical, everyday support during episodes of mental illness or distress. This can include help in attending appointments or giving reminders to take medication. Commissioner Cherne described this practical assistance, saying:

Families fill out paperwork. Families pick up the pieces when veterans go into crisis. Families do a lot of the work and hold an enormous amount of information.⁵⁷

55. Family members repeatedly told us about the role they played in supporting the member in various practical ways when they were experiencing mental or physical ill health. As one said:

I was the one to take my husband to his medical appointments, sometimes in Brisbane. I was the one who visited him in Toowoomba rehab and at the Keith Payne unit in Brisbane. I was the one who made sure he was looking after himself when released to his home. He wasn't, but I made sure he was safe.⁵⁸

56. A member also told us how much this family support meant to them:

I don't know where I would be today if my wife wasn't by my side ever[y] step of the way to identify and pick up the pieces.⁵⁹

57. In a 2016 study commissioned by Defence, *The Role of the Family in the Australian Defence Force Member's Rehabilitation*, the Australian Institute of Family Studies (AIFS) sought to better understand how families support the rehabilitation of Defence members.⁶⁰ The study found that family support was a key influence on the wellbeing of seriously injured or ill individuals. In the context of complex rehabilitation, support included family members attending appointments, participating in rehabilitation planning, remaining in contact with medical or rehabilitation professionals and actively participating in member rehabilitation exercises. Other forms of family involvement included practical care, emotional support and maintaining the member's social, domestic and family life.⁶¹

58. However, the study also found that having to provide support can be a source of strain on family members who also had to take on a greater share of domestic labour or childcare, put their careers on hold, physically and/or emotionally care for members, and manage mood and environment. Family members could become socially isolated due to anxiety about stigma and the pressures of the carer role.⁶² It is reasonable to conclude that the stressors of service life coupled with the need to support their member loved ones have the potential to negatively affect family members as well.

59. The consequences of supporting a loved one experiencing mental ill health, trauma, and/or suicidality can be immense and long lasting.⁶³ We have seen how family members of serving and ex-serving members are affected by suicidal behaviours. Mr Woodward described this impact as 'painful' and 'almost unbearable'. He said:

a person in distress impacts on those around them. And if you have a loved one that you care for that is showing such distress, that itself can be a painful, almost unbearable situation to be in. And where a person is indicating that they

may wish to end their life, it is a fearful experience. So, we cannot just respond to the person in care, we must respond to those around them because they are also suffering.⁶⁴

60. Defence places great demands on its members and their families including relocation, prolonged separation and the heightened risk of injury and death of the member. Families can be the 'glue'⁶⁵ that keep the serving and ex-serving member secure and supported to deal with these demands. This is of immeasurable value to Defence. As stated in the ADF Family Covenant, 'Defence recognises the contribution of ADF families to operational effectiveness'. Immeasurable too is the cost to Defence when it fails to value and support its families. In some instances, this results directly or indirectly in the separation of the member from the ADF.
61. The Hamilton Report found that one cost of Defence's failure to properly support families is that the member leaves the ADF.⁶⁶ This finding remains true. As Ms Laaksonen-Sherrin explained:

More and more individuals that are choosing to transition from the ADF are highlighting the disruption and additional stresses that defence life places on their families and its role in their decision to separate from the ADF.⁶⁷

62. With Defence struggling to recruit and retain personnel, better supporting families would be prudent, even if strong, happy, stable families were not also a key wellbeing measure. In section 27.4, we consider the effects of service life on families and the services Defence provides to mitigate negative effects, and make recommendations to enhance this support.

27.4 The impact of service

When one person joins, the whole family serves.⁶⁸

63. Throughout the Royal Commission, we heard from witnesses who described how being a Defence family can disrupt family life. This is acknowledged at the highest levels of government. Minister Keogh stated in our final hearing block:

we are very present as a government to the impact of service on families ... it was once described to me by a Defence family advocate as, you know, Defence spouses are the most over-qualified, underemployed group in Australia because they are regularly moved around from place to place, have great qualifications, great skills and experience but have to keep changing jobs and that impacts them.⁶⁹

64. As discussed in Chapter 4, Postings and deployments, serving in the ADF requires considerable and unique sacrifices for members and their families. Service often requires the member to be absent from the family home for extended periods, sometimes at short notice, and the family to relocate and/or be separated. This can affect members and their families and is why Defence stresses the importance of resilience in the member and family unit.

65. Defence invited researchers at AIFS to administer a survey of Defence members and their families, to inform policy and program design within Defence. The survey, called the ADF Families Survey, is one of many Defence initiatives which recognise that service can have a unique toll on the member and their families.
66. Participation in the survey is promoted by DMFS within Defence, and 2,404 participants completed the survey in 2022. This included members, their serving or civilian partners and former partners, with or without children.⁷⁰ This was a reduction in participation from 3,652 who participated in the 2019 survey.⁷¹
67. The 2022 survey found that the average life satisfaction for Defence survey participants aged 35 to 44 was lower than for comparable members of the general population. It also found that female Defence survey participants, regardless of age, had lower life satisfaction scores than comparable females in the general population.⁷²
68. In 2022, 50% of survey participants reported a perceived lack of control or uncertainty about the future, reported in highest amounts by civilian partners of serving members.⁷³ More junior ranks reported a range of greater concerns than those at higher serving ranks.⁷⁴
69. Other concerns raised in the 2022 survey responses, as a percentage of participant responses, included:
- the serving members' time away from home (45%)
 - constraints on the capacity to advance or further one's career (35%)
 - health, including mental health, of self or other family members (35%)
 - health, including mental health, of partnered participants (29%)
 - for those with children, challenges with the child's education such as transitioning between schools (26%)
 - difficulty being able to access or locate support services when needed (26%).⁷⁵
70. In 2019, the survey showed a clear difference between those survey participants with children and those without. The survey found that those with children were less satisfied than those without children in relation to partner employment, housing quality and location, child education and financial stability.⁷⁶
71. The fact that unpredictability of service life was a significant concern is important to highlight for the following reasons:
- Defence has been aware that the unpredictability of service life places great strain on families at least since 1986 when the Hamilton Report identified it as the single most important source of stress for services families. At this time Defence accepted responsibility to minimise it.⁷⁷
 - It is a risk factor for family wellbeing; research shows a strong correlation between having a sense of control over one's life and psychological wellbeing.⁷⁸
 - It affects partner employment, children's education, childcare and social networks, all of which themselves influence member wellbeing.

27.4.1 Defence member posting cycle and deployments impact on families

72. As discussed in Chapter 4, many Defence members are required to relocate every 2 to 3 years to fulfil a particular role, referred to as 'posting'. Postings may be local (within or close to an urban centre), remote (within Australia, but in a remote location) or international.⁷⁹

73. We are very conscious of the consequence that posting cycles can have on members and their families – whether family members relocate with the member, or remain in a different location by choice or necessity. In many submissions, private sessions and engagements with serving members and veteran organisations, the impact of the posting cycle has been raised with us.

74. In one submission, a civilian Defence employee discussed her husband's Defence posting order and the stressors the family was facing at the time of the member receiving a posting order:

Our child had been diagnosed with Autism and my mother was dying. I had no family support. My husband received a posting away from us for 3 years. He begged to stay with us for one more year until my mother passed and my son was stabilised. This was denied. There was a telephone conversation in relation to this that my husband had on speaker. The posting officer said to my husband's pleading ... 'Yeah, yeah. Dying mothers, disabled kids. I've heard it all mate. Suck it up'.⁸⁰

75. In 2023, there were 3,921 serving members unaccompanied by their resident family (1,118 in Navy, 1,784 in Army and 1,019 in Air Force).⁸¹ There are many factors that may influence the decision to relocate with or without their resident family members, which may include the suitability (or otherwise) of the specific Defence facility and the activities being performed by the member. A multitude of other factors also contribute to a family unit's decision to relocate, as they would for the general public.

76. As discussed above, Defence, through the AIFS, conducts a survey of member and family experiences in the Defence Force. The findings of the 2019 study were released in July 2020. The research concluded:

ADF conditions of serving impact multiple aspects of a family's lifestyle. Relocations due to postings can restrict a family's ability to settle in a location and negatively affect partner employment and children's education.

Families perceiving that Defence does not consider their family circumstances in postings and work demands or believing that they are not adequately supported are likely to feel negatively towards Defence.⁸²

77. A separate study, the Family Wellbeing Study, conducted as part of the Transition and Wellbeing Research Programme, found that 22% of civilian spouses/partners reported moving one to two times as a direct result of ADF members' service, 38% reported moving three to six times and 24% moved at least seven or more times. Only 15% reported never having moved due to their partners' service.⁸³
78. The cycle of relocating and any consequential separation of the member from their family can be detrimental for decades.⁸⁴ In 2021 and 2022, the effects of relocations on their family continue to be cited as reasons why members decided to leave service.⁸⁵
79. The posting cycle has a unique impact on dual-serving couples, where both adults are current serving members. At the time of responding to a notice we issued, Defence informed us that of the 2,648 dual-serving couples, 24% are not posted to the same location.⁸⁶
80. We have heard that when a family relocates it disrupts their support and social networks and displaces children from schools and friendship circles. Spouses and partners often have to re-establish employment, and the couple often needs to find new schools, childcare, suitable housing and healthcare, a new community and social connections. A submission received by the Royal Commission said that frequent relocations contributed to their marriage breakdown:

I have no doubt the requirement to move every two years was a key contributor to my marriage breakdown as my spouse believed that the continual moves were detrimental to our children's development and their education. My ex-spouse also saw the continual moving as a key factor in her not being able to develop a career.⁸⁷

81. Research from the United States also found that frequent moves for military personnel and their families can indirectly increase suicide risk for serving members.⁸⁸ In the Australian context, Commodore Eric Young CSC RAN, Air Commodore Karen Ashworth CSC and Brigadier Andrew Moss AM CSM, representatives of the Career Management Agencies for the Services, agreed that frequent moves can indirectly increase suicide risk by increasing stress, creating instability in social support networks and introducing financial strain.⁸⁹
82. Access to, and continuity of, health care in the context of postings and relocations, was another issue described by family members:

It has been the experience of myself (a defence spouse), my children and several of my friends, that we have been unable to receive the treatment we require for multiple posting cycles because we have been unable to make it to the end of the waiting list before we move. Both my children are on waiting list[s] to see specialist[s], but neither will be seen before we post at the end of the year. I personally have been on waiting lists for 3 posting cycles in 3 different locations to see [a] gynaecologist and have surgery. I am now doing this for the 4th time as we prepare to post from Victoria to Canberra. I live with chronic pain as a result of

this and it has an impact on my partner's service. I have days where I am unable to stand, and the only support I have is my husband, as we have not been posted in a location with any family support.⁹⁰

83. In Hearing Block 12, Commissioner Douglas asked questions relating to continuity of care of dependants with special needs in the context of relocations.⁹¹ Defence told us, in written response, that participants in the National Disability Insurance Scheme are able to alert the scheme that they are part of an ADF family, but they accept that 'challenges however remain given that many ADF families with special needs are not supported by the NDIS as the family member's special need may [be] ... ineligible for NDIS support'.⁹² We acknowledge Defence offers a number of supports through DMFS.⁹³ We discuss DMFS in section 30.3.
84. Some Defence members we spoke to outlined the benefits of being able to live in a single primary location for the majority of their career, as do, for example, members of the Special Air Service Regiment (SASR), which is based in Perth, Western Australia. Qualified members of the SASR do not ordinarily post to other locations. The Deputy Commander told us about the benefit of this arrangement:

Resilience in the family is equally as important as resilience in serving members. I am of the firm belief that if we can allow families to put roots down, establish contacts, building friendships and relationships with the community, that family unit will be more resilient, therefore, will support the member and the member will therefore be more resilient.⁹⁴

... because I am an SAS [Special Air Services] qualified person, most of my career has been here in Perth and therefore I'm able to [and] my family has been able to establish a life outside of my service. And therefore, when I go away, which is often, or has been often, they can continue to function. From an organisational perspective, if we look at the cohort of SAS-qualified people versus support staff, again, we have – and I think the numbers bear this out, that we have fewer mental health issues in the cohort that is stable verse the cohort that is moving every two to three years.⁹⁵

85. Lieutenant General Fox told us that Defence does not necessarily have control over solutions to certain stressors that may affect families across a member's service in the ADF.⁹⁶ We agree with this assessment; for example, issues with continuity of health care for family members, which affect everyone, or school enrolments as a result of the posting cycle require some coordination with states and territories.
86. We note with great concern that the impact of relocations and uncertainty for the future is a long-standing issue for serving members and their families. As stated in the Hamilton Report in 1986:

[Service families] said they often feel unable to plan ahead for more than a few months at a time, or to make fully informed long-term decisions about education for their children or themselves, employment opportunities, housing, health related matters, child care and a whole range of other issues that are fundamental to a

satisfactory family life. It is hardly surprising that, in these circumstances, I saw many people who were suffering frustration and stress because of the uncertainty in their lives.⁹⁷

87. The ADF Family Covenant states 'Defence is committed to working with ADF families to help them balance the demands of service life and the needs of the family'. As the impact relocations and uncertainty have on the family unit, as identified by many including the Hamilton Report some 38 years ago, it is beyond time the 'balance' envisaged by the Covenant is realised by all governments in this Commonwealth.

Deployments, training and exercises

88. Serving members are required to be away from their families for various reasons, including participating in training courses and operational exercises and when they are deployed. Members may be deployed at short notice and for extended periods of time. How Defence captures metrics on member absences from home can be improved to better understand the impact on the member and their family. For example, in giving evidence, the Commander of the SASR said that 'heads on pillows' is a metric he is trying to capture to better record the extent of absences from home occurring as a result of training and exercise activities.⁹⁸
89. Among permanent serving ADF members, 39% have been deployed operationally since 2015 one or more times;⁹⁹ 32% of these deployments were 6 to 8 months long and 23% were for between 2 and 4 months.¹⁰⁰ More recently, between April 2019 and April 2020, 22% of members were operationally deployed. Navy members were most likely (35%) to have been deployed over that period, followed by Air Force (20%) and Army (17%).¹⁰¹
90. Findings of the draft report of the 2022 ADF Families Survey indicated that, for serving members, the number of deployments that a member had participated in had a:
- statistically significant and negative relationship with life satisfaction. Those who had undertaken one to three deployments in the past four years reported lower life satisfaction compared to those who had undertaken no deployments.¹⁰²
91. The survey also found that absences over 90 days in the previous 12 months of serving members who are parents were associated with the likelihood of declining child wellbeing.¹⁰³
92. Research suggests that members who have spent significant time away from their family can have trouble re-establishing intimacy and adapting to different family roles. This can result in family conflict and relationship breakdown. In these circumstances, it is often family members who assume the role of maintaining relationships and helping the ex-serving member to adjust.¹⁰⁴

93. Dr McGaw, researcher, psychologist and former ADF psychologist, said:

There can be a real disconnect between the family, the people that are at home and the person who is deployed. So the ... family that stays home – will then have to develop a new normal whilst their partner is away, and sometimes this can really impact on the reengagement of that person back into the family. And when you do have mental illness that then creeps in ... it then impacts on their ability to engage and reconnect with their families.¹⁰⁵

94. Submissions made to the Royal Commission highlighted the lack of support from Defence and the detrimental impact on family life and on the member's mental health as a result of deployment, including as follows:

For approximately 23 years during our marriage my husband and I have been considered 'unaccompanied', with my husband undertaking numerous postings, both shore and sea, spending years away from our children and myself. Essentially, he did not see our children grow up. During this time I worked full time, raised our children (and everything that goes with that – after school activities; school events; sicknesses; and so forth); maintained our family home and was basically the one in the family who kept things afloat ... During our years of being unaccompanied there was NO support from anyone in Defence during this time, for either myself or my husband. This has had quite a detrimental impact on my husband's mental health, particularly as he now recognises he only played a small part in the raising of our children and missed out on so many milestones.¹⁰⁶

95. In other submissions, family members discussed the anxiety they felt leading up to and during a posting or deployment, where there was little support to assist them. One family member, whose partner was deployed multiple times, expressed a need for greater support before, during and after deployments:

The first time my partner (then boyfriend) left on deployment, I believed I was equipped to manage the situation. I drove him to the base, stood on the wharf, waved goodbye and got in my car and sobbed. That wave of emotions is likely a result of the days of anxiety leading up to this moment, the fear of the unknown and the lack of formal support from Defence ... This year was the first time that I received the copy and paste, generic email from Defence Member and Family Support prior to a deployment. This is the 6th deployment my partner and I have experienced in our eight years together. In this time, I have attended one DMFS family function – simply because these are not communicated more broadly ... In my personal opinion, more support needs to be available for partners and families in the lead up to a deployment, during a deployment and following a deployment.¹⁰⁷

96. As this submission reflects, while a member is away from home their families are primarily supported by DMFS. We discuss DMFS in section 30.3. In this section, we consider the role and interaction that DMFS may have with families during a member's absence and some of the specific services that families may be able to access.

Support for families before the member deploys

97. Support for families during a member's deployment is primarily delivered by DMFS. However, the range of services and support that families are able to access can be dependent on both member and command discretion. We observe that, at times, this means that families could be unaware of the information, services and support that Defence can provide during a member's absence from home.
98. Before deploying, members are directed to complete form AC989: Pre-Deployment Emergency Contacts Confirmation as an administrative requirement.¹⁰⁸ This form requires members to nominate both a 'Primary Emergency Contact' and 'Next of Kin' in PMKeys.¹⁰⁹ This then leads DMFS to provide these nominees with 'advice about support available to them'.¹¹⁰ If the member has not listed contacts on the AC989, or the member requests DMFS to not contact any persons listed as the emergency contact or Next of Kin, then DMFS will follow that member's direction.¹¹¹
99. DMFS may also be requested by Command to inform members and families of the kinds of emotional responses members may experience through the phases of deployment, as well as other educational content about deployment and how to access support.¹¹² This happens on request from Command and does not apply to every deployment, meaning that the delivery of this information is not universal to all members and their families prior to deployments.¹¹³
100. Although Defence have developed resources to support members before deployment, including a pre-deployment briefing that families are able to attend,¹¹⁴ the 2019 ADF Families Survey highlighted that awareness of pre-deployment information sessions was largely limited to the person deploying rather than their family member.¹¹⁵ In addition, the survey reported that only 15% of partners in 2019 and 14% in 2015 received deployment support calls. Most partners were not contacted or did not register for calls.¹¹⁶ The survey results suggest that better follow through in contacting partners is needed.¹¹⁷ The reasons why a partner may elect not to receive calls from DMFS also needs to be better understood. It may be that they did not know about the service, they had no need for the service or they had prior negative experience and did not wish to have ongoing engagement. In future, survey questions that form part of the evaluation of the services provided by DMFS must encourage greater provision of detail in the responses from survey participants.

Support for families while the member is deployed

101. DMFS acknowledges the strain on family relationships that deployments can cause, particularly when security requirements mean that communication from the member is limited.¹¹⁸
102. The Defence Member and Families Helpline (the Helpline) operates 24/7 and provides information, counselling and assessment, as well as facilitating communication with the member, their unit and/or their chain of command.¹¹⁹ We understand that family members can contact the Helpline at any time, but DMFS contacting the family is reliant on the member's prior written consent on the AC989 form.

103. We were told that DMFS staff also email detailed welfare-support information to the partner or next of kin of a member who is deployed for 6 weeks or more, since Defence identifies that stressors emerge most commonly ‘at the six-week mark of deployment and beyond’.¹²⁰ However, if the member indicates that they do not wish for the family to be contacted by DMFS, DMFS will abide by that direction.¹²¹
104. Over the phases of the deployment cycle, DMFS can also provide:
- regular contact calls to members’ families while they are on deployment
 - psychoeducation programs, including education on the emotional cycle of deployments, coping and wellbeing strategies
 - short-term financial assistance in emergency situations
 - social events and functions
 - assessments and reports including for urgent requests for compassionate return of members to Australia.¹²²
105. If a family member needs to get in urgent contact with their loved one, they can contact the Helpline to initiate the ‘call home’ service.¹²³ This relays a message to the member through the chain of command to facilitate contact with home.¹²⁴ Additional welfare supports can be organised for the member when they make this call.¹²⁵
106. The removal of any existing barriers to the families having direct access to the information, tools and services that may assist them – such as supports available from DMFS – appears eminently logical to us. That members’ prior consent, or the Commanding Officers’ prior engagement with DMFS, can play a significant role in the provision of information to the families of deployed personnel¹²⁶ is not desirable.

The DMFS Family Reunion Brief

107. DMFS may be engaged to provide a ‘reunion brief’ to members and families to assist reintegration.¹²⁷ This brief provides information on common reactions and experiences of returning members, and states that members may:
- shy away from intimacy
 - feel detached from family and friends
 - feel strange or on edge in public places
 - experience sleep difficulties
 - be grumpier than usual
 - drive a little ‘crazy’ or not wish to drive at all
 - not share deployment experiences with others
 - feel unmotivated to return to work or remain in the ADF

- have changed life priorities (new view of the world, core beliefs challenged)
- have an increased 'startle' response
- have lower alcohol tolerance.¹²⁸

108. It also describes 'signs to look for' including:

- sleep disturbance, insomnia, fitful sleep, nightmares, night sweats
- flashbacks, unwanted memories of a trauma or related events
- anxiety
- aggressive acts
- emotional numbing
- loss of interest in work and other activities
- suicidal thoughts and feelings
- using alcohol, drugs, pornography and gambling to cope ...
- feelings of alienation and problems with intimacy and other relationships
- fits of rage or passivity (or alternating between the two)
- hyper-alertness
- social isolation or emotional distance from others
- survivor guilt
- mood swings
- difficulty concentrating.¹²⁹

109. The brief encourages families to contact the chain of command, local unit chaplains, the Helpline, the mental health organisation Open Arms, their GP, a counselling hotline and/or informal supports if concerned about their member loved one.¹³⁰

110. Again, we understand that the provision of these reunion briefs is at the discretion of Command and are, therefore, not consistently provided to all returning members and their families. We simply do not understand why such discretion is necessary nor how it is beneficial to anyone.

The Emergency Support for Families Scheme

111. The Emergency Support for Families Scheme is a financial scheme designed to support the wellbeing of members' resident family while they are absent on duty or during an emergency.¹³¹ This includes when a member is in hospital or experiencing a severe medical condition.¹³² Services that can be provided under the scheme include:
- Care of the member's resident family
 - Specialist care of the member's resident family
 - Housekeeping
 - Child care
 - Respite care.¹³³
112. The number of families using this service is small and decreasing. For example, in 2017–18, 30 families received support through the scheme, while only 15 families accessed this scheme in 2022–23.¹³⁴ This may be due to a range of factors, including much lower deployment numbers, families not requiring this help or families not being aware of this support scheme.
113. We note that the Emergency Support for Family Scheme may require the consent of the serving member, as payments under the scheme attract fringe benefits tax (FBT).¹³⁵ Noting the scheme is meant to support families when the member is absent and in crisis, this requirement and application of FBT appears counterproductive.
114. We expect Defence to investigate why the Scheme has low uptake and address any issues that are identified. All services for families, particularly those intended to support families in a crisis, must be well promoted, accessible and, most importantly, fit for purpose.

Support for families after the member returns from deployment

115. It can be a challenging time for families when their loved one returns from deployment. Having had to adjust to them being away, they must now readjust to their return. Families of Defence members are supported primarily by DMFS.
116. DMFS post-deployment supports for families include:
- the 'Absence from Home' booklet, containing information for families on challenges they may experience while reuniting with their loved one and during time post-deployment
 - counselling and support to families as they adjust to post-deployment life
 - referral to a Defence social worker or family liaison officer, if needed
 - events and activities with a specific focus on reunion, reconnection and the returning of the member to family life.¹³⁶

117. Some of these supports are accessed through self-referral and/or Command referral.¹³⁷
118. The Homecoming Guide is offered to all members at the end of a deployment.¹³⁸ It is intended to assist returning members to prepare for coming home and potentially experiencing negative emotions.¹³⁹ We note the guide acknowledges that while homecoming from deployment is usually associated with positive feelings, it can also bring stress and anxiety.¹⁴⁰ The guide provides tools and techniques for dealing with issues that may arise as members readjust to home life.
119. For privacy reasons, information on a member's deployment and results of their post-deployment screenings are not provided to families.¹⁴¹ As per the general approach to sharing information with families, the chain of command decides what to share with families, in accordance with operational security, member consent and the Defence Privacy Policy.¹⁴²
120. Families are a consideration in the evolution of post-deployment screenings, since members' partners and family members are 'often more aware of post-deployment difficulties in members than the members themselves and more able to remove barriers to care and mobilise needed resources'.¹⁴³
121. We note, however, that a 2011 trial of the Family Sensitive Post Operational Psychology Screens (FSPOPS), in which members were invited to bring a family member to their Post Operational Psychology Screen, failed and was not continued, since the majority of ADF members did not wish to bring family members.¹⁴⁴ Family members who did participate felt the experience was 'very good' and said they would participate again.¹⁴⁵
122. The ending of FSPOPS aligns with anecdotal evidence that ex-serving members are sometimes reluctant to disclose their experiences to family members, and that family members nevertheless notice changes in mood, behaviour and mental state. For instance, Mr Isaac Adams, a lived-experience witness, said:
- Sometimes ... these guys aren't aware of what they are suffering, they are not aware that how they are behaving is not appropriate. I have had experiences of that where the individual will be behaving all sorts of different ways and I try to speak to them about it and they refuse [to talk about it]. That's a problem, but you speak to their partners or their families and there's all sorts of stuff going on.¹⁴⁶
123. Another lived-experience witness, Ms Glenda Weston, whose son died by suicide, told us:
- Bradley, the very first night he returned home, he was so angry. I couldn't believe what I was seeing. And then it just progressed. So every day after, Bradley's aggression increased. Some days he was back to being Bradley, it was nice to see him. And other days when he was angry and aggressive, it was intense. It just progressed from there, the anger. The anxiety. He suffered terrible anxiety.¹⁴⁷
124. This may reflect military culture of avoiding vulnerability and being reluctant to disclose problems, as described elsewhere in this report.

125. Defence has stated that DMFS is currently developing a 'more formalised family engagement strategy' whereby families can provide feedback on deployment issues, but it is not clear what this strategy might look like or when it might come into effect.¹⁴⁸
126. As recognised in the Dunt Review¹⁴⁹ members' families and close friends are likely to be among the first to observe changes in their loved one's mental and emotional state. As a consequence, families are often first responders in providing mental health first aid and support. When called on to do so, they require the best resources and access to high-quality assistance.
127. Families of serving members are also a considerable resource, full of insights, observations and information about the needs of the serving member and their support networks, and this is an important resource that Defence should harness more.

27.4.2 Impact of service on the children of serving members

128. As we all recognise, parenting can be inherently stressful. It can be the most rewarding and most challenging period in a person's life, often simultaneously.
129. Serving members and their partners face these same stressors, as well as additional stressors associated with the unique sacrifice that service life brings, including absence from home associated with training activities, courses, deployments, operational exercises and the posting cycle.
130. These additional and unique stressors can have a negative impact on the family unit and the children of serving members. Children of serving members who relocate due to posting demands face the additional stress of adjusting to new schools and social environments, friendship networks and community ties.¹⁵⁰
131. Studies on non-military families show that home and school relocations affected cognitive and emotional wellbeing scores. Frequent moves took a greater toll on children's social and emotional wellbeing, and 'each additional move [was] associated with small declines in social skills, and emotional and behavioural problems'.¹⁵¹ We find it reasonable to conclude these same findings would apply to children of members, especially one in a position subject to the posting cycle.
132. Children may also experience the effects of parental re-adjustments when a serving member returns from deployment. Re-establishing their relationship with the serving member parent can take time, especially when the separation has been lengthy and communication during deployment may have been limited.¹⁵² These difficult circumstances can affect the long-term mental health of children.
133. Defence acknowledges that the more time the member spends away from the family residence, the more likely the member is to report that service has a negative impact on relationships and children in their families.¹⁵³

134. Part 1 of the Family Wellbeing Study, part of the Transition and Wellbeing Research Programme, focused on families of current and ex-serving ADF members. It found that residential relocations due to a member's military service were the most common experience for families. For example, 19.8% of school-aged children had attended three primary or secondary schools and 37.5% had attended four or more schools during their parents' service. These rates are higher than for civilian families.¹⁵⁴
135. The summary report to the Family Wellbeing Study highlighted that compared to children in the general population, children of current serving members were more likely to show overactivity or distractibility (18% compared with 10%), anxiety or fearfulness (18% compared with 10%), and peer problems such as being bullied or excluded by other children (17% compared with 10%).¹⁵⁵
136. Chief of Personnel, Lieutenant General Fox told us that a way to reduce stress on the family unit when relocating, is for 'education departments [to] accept military families and children into schools without an address, because you're instantly removing a stressor from a posting cycle and supporting the family'.¹⁵⁶
137. Major General Stothart informed us about the DMFS program called Defence School Mentors, intended to ease the transition of children into new school environments.¹⁵⁷ Schools apply for the provision of a mentor to assist children of serving members. However, Defence Families of Australia have informed us that the mentors themselves are not required to have any lived experience of Defence service, they do not provide any counselling support to children and only provide administrative support to Defence children, at the discretion of the school.¹⁵⁸ Clearly this can be improved upon.
138. Mr Adams, who is also a welfare officer and veteran advocate, discussed the work he has done with Defence families through his horsemanship program. Of the children in Defence families he said:
- Something that I have seen is children suffering a little bit with, as I said before, posting cycles and moving a lot. They change social groups and friendship groups every three years sometimes. And also just some of the dynamic situations that they end up in with deployments and things like that ... [I]t can affect the way they feel about things, it can affect the way they comprehend things again.¹⁵⁹
139. Supporting serving and ex-serving members in their role as parents – particularly during times of stress and adversity – could be a way for Defence to minimise strain on the family unit. As Associate Professor Edwards explained, there are many quality parenting programs in Australia that are low cost and could be adapted to the Defence community.¹⁶⁰
140. DMFS does not currently provide parenting programs although its regionally based social workers can provide short-term support for families including about parenting concerns.¹⁶¹ DMFS provides psychoeducation on parenting through tip sheets, fact sheets, worksheets and handbooks¹⁶² but there is room for more proactive and comprehensive assistance.

141. The long-term wellbeing of children of members and ex-serving members could also be supported through tailored mental health supports. Children of serving and ex-serving ADF members over the age of 5 are eligible for free counselling assistance from Open Arms.
142. The DVA, which manages Open Arms, told us that since 2017–18 the total number of children accessing mental health treatment and counselling has more than tripled from 636 in 2017–18 to 2,430 in 2022–23. In particular, those aged 5 to 9 increased from 8 to 549 and those aged 10 to 15 increased from 430 to 1,348.¹⁶³
143. As demand for services grows, the supply of practitioners must also grow. As Ms Jennifer Veitch, Executive Director of the DVA Mental Health and Wellbeing Services Division told us, Open Arms has difficulties providing enough face-to-face counsellors across locations. This can limit access to services.¹⁶⁴
144. Anxiety, depression and relationship matters were the top issues identified by Open Arms in working with children and young people in the 2021–22 financial year.¹⁶⁵
145. Expert witness Dr McGaw highlighted the particular importance of mental health support for children whose parents have PTSD. She explained that although children might not think they need support, this could be due to not knowing how to express their need, or understanding that help was available. She said:
- What we know is from those other studies that include adult children, that whilst these youths were saying ‘we’re fine’, we know from studies with adult children that actually they are not fine, later.¹⁶⁶
146. She also said there were limited mental health supports for children and limits to the services provided by Open Arms:
- I think, for me, the key thing came around access to treatment. So, for a number of veteran families with PTSD, income might not be great and so being able to access mental health support services for partners and children is limited. It’s limited to Open Arms and even within Open Arms, it’s limited to a certain number of sessions.¹⁶⁷
147. Open Arms has taken steps to meet the increasing demand for counselling services. They have made contractual arrangements with services (including Bupa and Relationships Australia) to improve access to services across locations.¹⁶⁸ They increasingly use telehealth or video counselling.¹⁶⁹
148. DMFS does not offer counselling to children,¹⁷⁰ although it will ‘assist members and families with information [and] advice [on] referral options where required, in relation to child behaviour issues, [and] mental health and wellbeing of children and adolescents’.¹⁷¹

149. DMFS also provides advice about referrals to external counselling services,¹⁷² however, it acknowledges there are long waiting lists for counselling services in the community.¹⁷³
150. We appreciate that the demand for mental health and counselling services Australia-wide, is significant. We understand that Defence and Open Arms operate in a competitive market to secure these specialist skills, where demand outstrips available supply. But with the recognition of the impact of service on members and their families, including children of serving members, Defence must work harder to secure a mental health and counselling workforce for the future.

Access to childcare

151. The importance of accessible and affordable childcare is well understood, both for educational reasons and to support parents' employment and economic prosperity. Without childcare, serving members with children will likely find it difficult to balance work and family needs. Given that many Defence families live apart from broader family and social networks, access to informal childcare is also, in many cases, limited.¹⁷⁴ This may place pressure on families and increases the potential for family and employment conflict.¹⁷⁵
152. We appreciate that childcare is an in-demand service nationwide and that it may be easy for Defence to rely on the adage 'it's not a Defence problem, it's a national problem'. But it is service in the ADF that compels members and their families to relocate and live apart from extended family or community ties. Therefore, it is a Defence specific impact, requiring Defence solutions. Defence knowingly relocates members and their families to locations that lack childcare, so by nature of their service these families are disadvantaged by their service.
153. According to the Defence Census 2019, 38%, or around 22,000, permanent ADF members had dependent children at the time of the survey. The proportion is higher among Air Force members (47%) than Army (36%) or Navy (33%).¹⁷⁶
154. As highlighted in the *Women in the Australian Defence Force (ADF) 2021–2022: Ten Years in Review* report:

Childcare is an ongoing issue for ADF families. The partners of ADF members take on [a] significant proportion of the child responsibilities due to ADF service demands, so access to childcare becomes important to allow the partner to work ... The continuing gendered nature of caregiving in Australia suggests this is likely to be the women partner [facing career interruption to provide care].¹⁷⁷

155. This report reflected findings of the 2019 ADF Families Survey, where thousands of Defence members and their families responded to a survey request, including that:
- 16% of serving members in need of childcare found it difficult to secure when moving to a new location
 - only 38% of serving members in need of childcare had secured care within a month of moving to a new location
 - Air Force personnel were the most likely to report success in securing childcare within a month of posting to a new location, with Navy reporting the least. 8% of Navy personnel reported being unable to access childcare within 6 months of posting to a new location.¹⁷⁸
156. In particular, the scarcity of childcare centres and available child placements within those centres has a disproportionate impact on Defence members and their families. While 32.5% of the Australian public live in a ‘childcare desert’, around 60% of Defence bases are located in a ‘childcare desert’.¹⁷⁹ The term generally means an area that either does not have childcare services at all, or the availability is significantly lower than demand, especially for those unable to submit their application for a childcare position well in advance of the time that care is needed.
157. Recent studies indicate that access to childcare remains a pressing issue for families, 38 years after being highlighted in the Hamilton Report.¹⁸⁰
158. When childcare is lacking (because there are no local services or no available spaces in local services), spouses of serving members may have to forego paid employment, which can place financial stress on families. This has a disproportionate impact on women, serving and civilian.
159. We are mindful that challenges Defence families face in accessing childcare may adversely affect Defence’s ability to recruit and retain members, especially those with young families.¹⁸¹
160. Chief of Army, Lieutenant General Simon Stuart recognised how important it is for Defence families to be able to access childcare – and how difficult this can be. He noted:
- I would use childcare as the number one example of something that could make a difference for our people, particularly those who are serving above the Tropic of Capricorn in what professionals who know about these things have described as childcare deserts. That’s one of the key challenges for our families because if you don’t get childcare you can’t get respite. But it also means partners can’t work. If you can’t work, that has all sorts of implications as well.
161. Because of shift patterns, families may also require extended hours of child care that are not available through regular centres. For example, Commodore Robertson described the challenges faced by some Navy families in accessing childcare at the times required to support their service:

So ... there are some areas in Defence where childcare is on board the base. That is not the case in Navy bases, with one – almost with one exception. But ... in Sydney, you just can't get in there, or where you live out in the western suburbs and you are a caterer at HMAS Watson, you have a two-hour drive and to get your kid in there before you get to work at 6 o'clock requires someone to open up their childcare at 4.30 in the morning, that is not going to occur.¹⁸²

162. Dr Angela Maguire, clinical psychologist and principal research fellow at the Gallipoli Medical Research Foundation spoke about the importance of occasional childcare that would enable Defence families with young children to attend health and social services appointments.¹⁸³ She suggested that when a lack of childcare prevents families from seeking help, it can potentially lead to poor psychological outcomes.¹⁸⁴ We recognise, however, that access to occasional care is not a given and requires there to be available funded positions within care services.

163. Childcare services for the Australian population are provided by a range of public, private and not-for-profit operators. In Defence, members may use these same services for their children or, where applicable, enrol their children into Defence contracted centres. Defence contracted centres are managed by a contracted provider, One Tree Community Services, which operates 16 daycare and three out-of-hours centres across Australia.¹⁸⁵

164. However, demand for childcare, either provided by Defence or in the general community, outstrips supply in many areas. Major General Stothart told us:

In many places we will have childcare deserts or areas where childcare is not meeting sufficient demand ... We do see growing demand for that childcare program. We are soon to embark on a review of our childcare provision and the requirements of our people, families, with a view to inform the next contract we will go to market with for the provision of childcare support to Defence families.¹⁸⁶

165. Over the period 2019–2022, demand for Defence contracted centres significantly outstripped supply, with 6,859 children waitlisted over the period, averaging 1,714 per year.¹⁸⁷ Major General Stothart acknowledged that the frequency with which access to childcare positions was raised in survey responses, via DMFS social workers and reports through the chain of command, indicates more needs to be done to provide greater childcare services.¹⁸⁸

166. The Royal Commission heard from Commodore Heath Robertson CSC ADC RAN, Commander of Support Force, formerly Shore Force, that Defence should use childcare to increase retention. He said:

Well at the moment ... we provide subsidised housing that is guaranteed in the location you are going to because you don't get to choose where you go. We tell you where you are going, so we provide you housing. We provide you free medical and dental because you don't get to choose your GP because they might be in another part of the country. So all these things are the exigencies of service ... Childcare has not caught up with that. For me, it is the next frontier.

We need to make sure that people are guaranteed a childcare spot when we post them to a new location. Now I have been working closely with the retention taskforce to that end. There is good work that is being done, but I think it has to be less about reducing that disruption and hardship, but actually making it into something that is actually a retention opportunity for us.¹⁸⁹

167. In April 2022, the Secretary of Defence and Chief of Defence Force established a Recruiting and Retention Tiger Team (the Tiger Team) to review Defence's recruitment and retention challenges.¹⁹⁰ The Tiger Team's recommendations included improving Defence's childcare offerings, including:¹⁹¹

- expanding the network of Defence childcare centres
- expanding the capacity of existing Defence childcare centres
- piloting a priority access program for Defence family short-notice childcare
- funding up to 10 hours of ad hoc childcare access each year to assist parents to manage the unpredictability of service life.

168. We support the general direction of these recommendations, but note the limitations facing Defence to attract, retain and secure funded childcare positions given the national demand for such services. We also note that the unpredictability of the demands of service in Defence may quickly consume the recommended 10 additional hours of ad hoc care. Defence will have to further compete in an already scarce market while expanding its service offerings were it to implement the Tiger Team recommendations.

169. Defence has advised that it will conduct a review of Defence childcare services in 2024, which will consider opportunities to expand flexible childcare options for Defence families.¹⁹² We believe that any ensuing reform of Defence childcare services should be made in consultation with families, and build on initiatives already outlined in the Tiger Team initiatives.

170. We note that the Productivity Commission is currently conducting an inquiry into childhood education and care. Its report, released in November 2023, highlights the many factors that contribute to the availability of early childhood education and care in different locations, one of which is the cost of care and availability of staff.¹⁹³

171. How the Australian Government and the Productivity Commission consider the issues associated with the provision of childcare must accommodate the unique circumstances affecting Defence members and their families. All efforts to alleviate the stressors experienced by Defence families seeking to access childcare – who, by nature of their service, may move regularly around Australia – are in the interests of Defence capability.

27.4.3 Partner employment

172. General Angus Campbell AO DSC, who was Chief of the Defence Force when he appeared at our final hearing, reflected on changing social norms around employment for spouses/partners:

I'm the son of a military officer. In the days of my father's service, there wasn't consideration in terms of spouse employment. Throughout my career, spouse employment has gone from an oddity to a norm – and the evolution of circumstances will continue such that we will have to evolve our model to try to keep pace with community expectation, partner expectation, support to young families and so forth.¹⁹⁴

173. Defence has been aware of the pressures and impact of service life on spouses/partners for a significant period of time. In Defence's own research from 2000, the posting cycle was raised as a significant issue affecting the member's spouse/partner and their ability to secure suitable employment. A majority (51.2%) of respondents to the 2000 'A Survey of Posting Turbulence issues in the ADF' indicated that postings have a negative effect on their spouse/partner's employment. Almost two thirds (65.4%) of respondents indicated that having two consecutive postings in the same location would have a positive effect on the spouse/partner's employment.¹⁹⁵ The draft report of the 2022 ADF Families Survey found that 90% of civilian partners agreed with the statement 'I have made career sacrifices due to my partner's military career'.¹⁹⁶

174. In fact, even before this survey, similar issues were identified and set out in the Hamilton Report:

[the spouses of serving members] suffer great discontinuity in their employment and have limited opportunities for career development or for accruing such benefits as long service and sick leave or superannuation. The problems are different, but equally serious, whether professional or non-professional work is sought. People with professional skills may find limited opportunities to use them in remote areas, while some, such as teachers, report difficulties in transferring their qualifications from State to State ... a history of disrupted employment can be a disadvantage that excludes service spouses from consideration.¹⁹⁷

175. As discussed above, the Hamilton report was delivered 38 years ago and employment for spouses/partners remains a key issue for members and their families. Employment helps to provide financial stability (a protective factor against suicide),¹⁹⁸ increases one's sense of purpose and identity and provides opportunities for social interactions. It can also assist the serving member's partner to develop their skills and capacity, and build their career. It is recognised by Defence as a contributory factor in defence capability.¹⁹⁹

176. Findings from the *Australian Defence Force Families Research 2019* (2019 Families Research Project) indicated that service demands can negatively affect a civilian partner's employment and employment opportunities.²⁰⁰ This is because the civilian partner's work is required to fit around the serving member's absence, unpredictable schedule, and regular posting and deployment cycles.
177. Between 2015 and 2019 just over half of civilian partners experienced some difficulties in finding meaningful employment, with availability of suitable employment options, movements associated with the posting cycle and the strain of balancing work and household requirements raised in the 2019 Families Research Project. 58% of civilian partners reported it was difficult or very difficult to re-establish employment following a relocation to accompany their member loved one.²⁰¹
178. The draft report of the 2022 ADF Families Survey found that civilian spouse/partner employment was associated with higher levels of wellbeing and life satisfaction.²⁰²
179. Ms Wilson said that women came to her organisation for support because:
- they are often facing financial stress and instability, they are working multiple jobs, they are trying to retrain themselves, they don't necessarily have a career because they have had to make sacrifices for their loved one's service and/or loved one's subsequent death.²⁰³
180. AIFS found that the effect of military service on civilian spouse/partner employment has consequences that emerge over time, with dissatisfaction and instability developing in the relationships of some serving members.²⁰⁴ Reduced employment opportunities for civilian partners of serving members can also negatively affect the mental, financial and social wellbeing of people and families.²⁰⁵
181. In their appearance before the Commission, SASR witnesses identified spousal employment as one of several stressors affecting SASR which, we were told, 'apply equally to other members of the ADF'.²⁰⁶ In his statement, the Commander highlighted the tangible impact of service on his partner:
- I have been with my partner for over 20 years and she has endured countless deployments and absences. She has been relocated nine times, having to give up her job and go through job applications at every new location. The impact of this is considerable. My partner's service and sacrifice is given no recognition, nor does she receive any significant benefits post my service life. She will never be financially compensated for limiting her career progression, and receives no compensation for the hardship she has endured.²⁰⁷
182. Spouses/partners of Defence members are able to access up to \$1,500 through the Partner Employment Assistance Program (PEAP), administered by DMFS, to pay for services such as resumé development and coaching, identifying transferrable skills, job search techniques and strategies, interview preparation or professional re-registration costs that are sometimes incurred when moving interstate.²⁰⁸ Uptake of PEAP funding is low, with only 465 spouses/partners accessing it in 2022–23.²⁰⁹

183. A 2019 review of partner employment conducted by the consulting firm Proximity found that spousal/partner employment within Defence was a longstanding problem, and had been the subject of multiple reviews and a host of subsequent recommendations that hadn't been implemented. At that time, Proximity identified an '[a]bsence of data, information and evidence' needed to measure the link between PEAP access and subsequent employment.²¹⁰

184. A subsequent 2022 review suggested that DMFS should:

Review and action the outcomes of the recent evaluation of the current PEAP program. Utilise findings to inform a broader programmatic and strategic approach to this category of support, noting that current evaluations have found that the program is valuable, but represents only a small piece of the broader employment-related challenge[s] facing families, and they are seeking a broader scope of support.²¹¹

185. We agree. PEAP needs to be reformed to offer a broader scope of support to ensure that civilian spouses/partners of serving members can be better engaged in meaningful employment. Its outcomes must also be monitored and evaluated. Without this, DMFS cannot know if it is working or if it is a worthwhile investment. Similar findings regarding the impact of poor data collection and analysis on evaluation are outlined in Chapter 11, Governance and accountability in Defence.

186. In our view, Defence should be doing all it can to ensure that eligible spouses/partners are aware of PEAP and that it provides are useful and helpful for spouse/partner employment. Compromised career development and unemployment or underemployment of a member's partner is very often too high a price to pay to support a member's service. If and when members discharge from the ADF due to the impact on their spouse/partner, Defence capability is reduced.

187. The Proximity review on partner employment discussed above also highlighted the many challenges and stressors experienced by families as a result of the posting cycle. For example, as mentioned above, Lieutenant General Fox told us:

When we post, there are stressors associated with posting that I think we should look at and one of them is beyond my control ... when you have children, getting them into school often requires you to live in an area and that, when you're talking to a lot of families, is the key stress. So I would like to see education departments accept military families and children into schools without an address, because you're instantly removing a stressor from a posting cycle and supporting the family ... when ... the schools recognise ... the children of military families ... if we remove those stresses that cause the inverse of that.²¹²

188. This is further discussed in Part 2, Serving the nation, and we make a recommendation relating to this and associated stressors in Chapter 24, Empowering veterans to thrive.

189. Anything that Defence, the Australian Government and state, territory and local governments can do to promote, encourage, facilitate and incentivise the employment of Defence civilian spouses/partners as they relocate around Australia will support Defence capability. The same is true of the provision of childcare and access to quality healthcare. We anticipate that pressures of a member's service on spouses/partners that Defence has known about for many decades, such as those discussed in this section, will be acutely felt as Australia's northern Defence bases are expanded over coming years following the release of the Defence Strategic Review.²¹³
190. Noting the ADF Family Covenant commits to 'listening and responding to the needs of ADF families', efforts to address the issues with partner/spouse employment seem well overdue.

27.4.4 Transition

191. Transition describes the period of time in which a discharging member begins the process of leaving the ADF. This can be a time of stress for families because the transitioning member may need additional emotional and practical support at the same time as family members themselves experience challenges. Interim National Commissioner for Defence and Veteran Suicide Prevention, Dr Bernadette Boss, identified that family members need to understand and be prepared for the ways in which transition can affect both members and families, and be equipped with knowledge about and access to services to support them through the process.²¹⁴
192. Lieutenant General Fox gave evidence that families are part of the transition journey,²¹⁵ and said that transitioning members experience better outcomes when families are engaged in the process.²¹⁶
193. Dr Angela Maguire, clinical psychologist and principal research fellow at the Gallipoli Medical Research Foundation, gave evidence about findings made by the military families research stream at the Gallipoli Foundation. The findings focused on the impact of service on the life of the family.²¹⁷ She said that military discharge and civilian reintegration could be a pressure point for families, and that this pressure was exacerbated if families were affected by a service-related injury or illness, or where unresolved psychological trauma had occurred over an extended period of time.²¹⁸
194. Part 2 of the Family Wellbeing Study *Military Family Approaches to Managing Transition to Civilian Life*, demonstrated the impact of transition on families.²¹⁹ Key findings of this study included that:
- serving members with mental health issues and/or who had been medically discharged from the ADF tended to have relatively challenging transitions and could require significant family support
 - the effort of supporting the ex-serving member could also put stress on family relationships
 - families and ex-serving members could be challenged by the symptoms of the health issue itself, as well as by transition-related issues such as difficulties finding satisfactory employment or maintaining social networks.²²⁰

195. The study also showed that the family unit can be under strain when the ex-serving member experiences difficulty gaining civilian employment, has difficulty settling into civilian life or resides in a location far from family support.²²¹
196. The 2018 Transition Taskforce identified the ‘unrecognised impact on families’ as a key barrier to effective transition, where ‘[m]any family members feel unprepared and unsupported for the impact of transition and the consequent establishment of their lives in a civilian context’.²²² The Transition Taskforce found that transition can be an uncertain time for families, with family dynamics changing due to new working, housing and financial arrangements, and personal relationships sometimes suffering because of that.²²³
197. Despite the importance of supporting families during this time, the Transition Taskforce found that there is no tailored program or collection of offerings to support families during transition.²²⁴ We understand that Defence is now considering the introduction of a mandatory transition program for transitioning high-risk cohorts. This infers that Defence is well appraised of which cohorts are considered ‘high risk’ for a range of criteria. We would welcome such an initiative and query why it has taken this long for such an approach to be considered, let alone implemented.
198. Ms Laaksonen-Sherrin, then Defence Family Advocate when she provided evidence to this Royal Commission, indicated that members’ families are directly affected by transition, often involving the uncertainty of employment opportunities when transition involves relocating. The continuity of employment for at least one person in a couple is important during a period of major change such as when a member transitions. When the civilian partner’s employment is also disrupted, it increases the challenges and instability for the whole family unit. Children are also affected, particularly when transition involves a move and therefore a new school.²²⁵
199. The Commander of the SASR identified the continuity of care provided by families of members as a protective factor, across all domains of service, but especially at transition. In the SASR families are closely integrated into service. He stated:
- A member’s family remains the most steadfast continuity of care that is available during the transition process, and has been key to many successful transitions. [In our regiment,] partners are invited to welfare processes, transition seminars and engaged through the SAS Family to build resilience and knowledge of the transition process.²²⁶

27.4.5 Relationship stress and family breakdown

200. As has already been discussed, ADF service places stress on the member and their family. Relationship breakdown is a known risk factor for suicide generally, but has also been recognised as a potential risk factor in serving and ex-serving member suicide.²²⁷ Around 41% of serving males and 38% of serving females who died by suicide between 1997 and 2020 were identified as having problems in their spousal relationship.²²⁸
201. According to the 2021 Census conducted by the Australian Bureau of Statistics, current and ex-serving females across all age groups, and current and ex-serving males aged 30 to 49 are more likely to report being divorced than the general population.²²⁹
202. In 2022, ADF Headquarters conducted Assurance Check Report 22-04. The purpose of this report was to identify any trends in a desktop review of 57 deaths by suicide that occurred between 2016 and 2022, which had been subject to review by the Inspector-General of the Australian Defence Force. While identifying potentially contributing factors is complex, the Assurance Check Report found that in 51% of cases (28 deaths), a relationship breakdown was a likely contributing factor. Relationship breakdowns were identified as the sole contributing cause in 7% of cases (4 deaths).²³⁰ The report also found that timing was a factor, with 43% of deaths occurring within a week of a relationship breakdown and 32% within 48 hours.²³¹
- In a number of cases it appeared the member's partner was a significant source of support to a member likely experiencing mental health issues. It was difficult to determine if a member's mental health triggered the relationship breakdown or if the relationship breakdown triggered a further decline in mental health.²³²
203. The report suggested a possible connection between a decline in the members' mental health and relationship breakdown. It further concluded that there may be a connection between the member's service, and the relationship breakdown.²³³ The Commonwealth have advised caution in over-reliance on the findings of Assurance Check Report 22-04 and the potential link between relationship breakdowns and death by suicide. In doing so, the Commonwealth cited 'inconsistency in reporting of potential factors in IGADF [Inspector-General of the Australian Defence Force] reports'.²³⁴ This underscores the importance of consistent high-quality consideration of such factors by the Inspector-General's Office in conducting its work. At a minimum, the Assurance Check report highlights the need for the ADF to be keenly aware of members experiencing relationship breakdowns.
204. When couples are experiencing relationship difficulties, including during transition, DMFS can facilitate access for up to six sessions with a DMFS social worker to enhance communication and conflict resolution skills, or make referrals to private providers or Open Arms.²³⁵

205. Access to timely, affordable mental health care is an issue nation-wide.²³⁶ Consequently, this affects the capacity of DMFS to deliver its services, as it does in the public and private health care sectors. Defence must advocate for, recruit and sustain this specialised workforce and work with the Australian Government to identify more and better ways to resource this sector.
206. Additionally, DMFS and services available to the public that help resolve relationship difficulties are more readily used when the relationship is already under strain, rather than to enhance the relationship or prevent it from deteriorating.
207. As Defence agreed in their response to a notice, prevention measures could be more beneficial:
- Providing more preventive strategies to assist members manage relationship stress may be of benefit. Previous attempts at offering relationship programs have been unsuccessful and discontinued due to poor participation rates. The relationship enhancement program currently being developed ... may offer a more accessible method of program delivery.²³⁷
208. When questioned about the 'relationship enhancement program' that was being developed, Defence identified a study commissioned by DVA and the AIFS *Strengthening Defence and Veteran Couple Relationships Through Relationship Education*. This study identified the specific relationship challenges faced by serving and ex-serving members, and the supports needed to address these challenges. It also examined existing relationship education programs to determine whether they would be suitable for current and ex-serving members.²³⁸
209. The AIFS study found that common relationship stressors experienced by current and ex-serving members and their partners were:
- frequent separation of members and their partners due to military deployments and training, and relationship adjustment on the member's return
 - frequent relocation of members to new postings, with partners having to choose whether to accompany the member or live separately for an extended period
 - the belief that civilian partners are not appropriately consulted in posting and deployment decisions and that members and partners do not sufficiently understand each other's experiences, which can create resentment
 - impact of member relocation on their partner's employment and domestic load, particularly where couples share care of children
 - feelings of isolation, and lack of intimacy and support due to time apart and/or relocation to areas where couples have limited support networks
 - fears around trust and relationship commitment
 - physical and mental health impacts of service on members, and associated issues including substance abuse
 - stress around transition and adjustment to civilian life, including role adjustment, loss of identity and community (for members and partners), and financial stress.²³⁹

210. These relationship stressors were also raised by Interim National Commissioner for Defence and Veteran Suicide, Commissioner Boss.²⁴⁰ They are consistent with the findings of other reports and inquiries we examined, including the Hamilton Report,²⁴¹ the Interim National Commissioner for Defence and Veteran Suicide Prevention's *Preliminary Interim Report*²⁴² and the National Mental Health Commission's *Review into Suicide and Self-Harm Prevention Services Available to Current and Former Serving ADF Members and their Families*.²⁴³
211. Relationships Australia advised that strengthening relationships should be considered integral to any interventions to minimise and prevent suicide within Defence and veteran communities.²⁴⁴ It said that relationship challenges and breakdowns can represent unique risks for this community, and the realities of military life make these more likely.²⁴⁵
212. We note that preventative support for couples is included in some Defence and veteran-specific services (such as webinars for members and families on the challenges of military service life and the FamilySMART resilience programs), although couple relationships are generally not the focus of these services.²⁴⁶
213. Given a higher than average divorce/separation rate, and the link between relationship breakdowns and suicide and suicidality, the Australian Government and Defence should carefully consider every opportunity to mitigate stress on the family unit and the potential contribution that service life has on the relationship.
214. As Defence acknowledges, it is Defence's responsibility to redress the disadvantages the family unit faces as a result of service.

27.4.6 Family and domestic violence and the ADF

215. Defence acknowledge that 'family and domestic violence is a great concern for our Australian community and the Australian Defence Force'.²⁴⁷ We note that addressing this concern is a priority across jurisdictions, with the 2022 release of the Australian Government *National Plan to End Violence Against Women and Children 2022–2032*. A coordinated approach to this issue has taken some time to be considered by Defence.
216. This section is focussed on the efforts undertaken by Defence and DVA to address the impact of family and domestic violence among serving and ex-serving personnel.

Links between FDV and service

217. For the purposes of this section, we are using the broad term of family and domestic violence (FDV) to ensure we appropriately represent the diversity of families and domestic living situations. It is important to note, however, that we intend for this section to also cover intimate partner violence, occurring between members or members and their civilian partners/spouses. Some of the sources cited in this section refer specifically to intimate partner violence and we have maintained fidelity to the source material in using that term.

218. The experience of FDV among ADF members and their families sits within a broader societal crisis. In 2021–22, almost 18% of women since the age of 15 had experienced physical violence perpetrated by a male intimate partner and 11% had experienced sexual violence by a male intimate partner.²⁴⁸ Almost one in four women had experienced emotional abuse over the same timeframe.²⁴⁹ However, international research has concluded that intimate partner violence is common among serving and ex-serving personnel.²⁵⁰
219. This international research has found associations between exposure to intimate partner violence and indicators of wellbeing, including suicidality among serving and ex-serving members of military forces.²⁵¹ Association with lifetime suicide attempts was five times more likely for women with a history of exposure to physical intimate partner violence, a stronger association than all other military and non-military forms of trauma.²⁵² The likelihood of suicide attempts has also been found to be higher in personnel with a family violence history, with US soldiers experiencing past-month family violence being five times as likely to attempt suicide as those without a family violence history.²⁵³ The risks increase regardless of whether a service member is the victim or perpetrator.²⁵⁴
220. We note that impacts of FDV are widespread. It has been found that children who had experienced FDV were more likely to be diagnosed with mental health issues, including being 1.6 times more likely to be diagnosed with intentional self-harm.²⁵⁵
221. FDV is ‘one of the most prevalent stressors children can experience’ with emerging bodies of evidence linking the experience of FDV with ongoing stress signals in children’s brains, increasing the risk of physical and psychological illness.²⁵⁶ A national Australian study found that children who have experienced FDV were:
- 1.2 times more likely to be diagnosed with psychological development disorder
 - 1.4 times more likely to be diagnosed with a depressive disorder
 - 1.5 times more likely to be diagnosed with an anxiety disorder
 - 1.6 times more likely to be diagnosed with intentional self-harm.²⁵⁷
222. A study conducted in the United States examined data relating to enlisted army soldiers over a 5-year period to understand links between family violence and suicide attempts. The research cited existing data that:
- Family violence victimization increases the likelihood of developing posttraumatic stress disorder (PTSD) and other mental health disorders (Dutton et al., 2006; Marshall et al., 2005), which are risk factors for suicidal behavior in both active duty military personnel and veterans (Bachynski et al., 2007; Bossarte et al., 2012; Hyman et al., 2012; LeardMann et al., 2013).²⁵⁸

223. The study identified that:

Soldiers with a documented history of family violence were almost three times as likely to attempt suicide as those with no history of family violence, with the risk of attempt increasing as the number and recency of family violence events increased. Suicide attempt risk was highest in the initial months following the first family violence event, followed by a sharp and generally steady decline as more time elapsed. Risk of suicide attempt was increased for both perpetrators of family violence and those who were exclusively victims.²⁵⁹

224. Importantly this research helped to corroborate similar findings from Canadian studies, which identified that 'female military personnel who were victims of spousal abuse were over four times more likely to attempt suicide than non-victims'.²⁶⁰

225. Although we recognise this research was conducted overseas, it offers insight into the importance of considering family relationships in the context of suicide risk. As noted by the authors of the US study:

Assessment of suicide risk among soldiers would benefit from awareness of recent family violence events, and recognition of the association between family violence and suicide risk should be incorporated into evidenced-based family and marital therapies. There is a need for the development of interventions specific to suicidality following family violence and, more generally, suicide-specific interventions that consider context.²⁶¹

226. These issues are not new to the Australian Defence context.

227. In 2015, Dr Samantha Cromptvoets and colleagues conducted a study on the state of domestic and family violence in the ADF, using the Army's 3rd Brigade based in Townsville as a case study. The study was completed with the support of the then Commander of 3rd Brigade and used public records, including criminal proceedings.²⁶²

228. The study found that:

- Rates of domestic and family violence in Queensland were rising, with a 24.8% increase of reports to police over a 4-year period.
- Domestic and family violence in 3rd Brigade indicated an issue with underreporting or under-recording of domestic and family violence.
- Chaplains are often the first responder to provide support to persons who have been the victim of domestic and family violence.
- Reporting allegations of domestic and family violence to Commanding Officers appeared to be discretionary.
- The response to reports of domestic and family violence appeared to be at the discretion of Command and dependent on their individual experience and knowledge in managing the situation.
- Member relocations as a result of service can make it more difficult for victims to leave an abusive relationship and Defence spouses/partners may be at greater risk due to economic dependency on the Defence member.²⁶³

229. We recognise this study was limited in scope, by design, and may not reflect the current conditions in 3rd Brigade. However, there are always lessons to be learnt and insights to benefit from, and this is one such occasion. We have identified that under-reporting and under-recording of complaints and offences is one area for improvement, and this is discussed in Part 3, Misconduct, complaints and military justice.
230. In 2016, the Navy and Army both launched Family and Domestic Violence Plans.²⁶⁴ The Chief of Army issued a Directive regarding the Army Family and Domestic Violence Action Plan, which stated:
- If Army members engage in ill-disciplined use of violence at home or at work, then Army's confidence in them to execute their duties lawfully and discriminately in circumstances of immense stress on the battlefield is deeply undermined. Perpetrators of FDV are fundamentally at odds with the meaning and profession of soldiering. As such, FDV is an Army workplace issue ... My intent is for Army capability not to be diminished by the affects [*sic*] of FDV.²⁶⁵
231. A broader Defence Family and Domestic Violence Strategy was released in 2017 with a commitment to support those affected by FDV, whether they were victims, perpetrators or witnesses. The Strategy also stated:
- When a Defence member is subjected to or using violence in their relationships, very real costs and negative impacts flow to the workplace and detrimentally impact operational capability.²⁶⁶
232. We welcome recognition by Defence that FDV is at odds with the behaviours expected of Defence personnel and their commitment to supporting those affected. While impact on operational capability is a relevant consideration, it is our firm view that the safety of those affected must always be the primary focus of strategies and interventions.
233. DVA have similarly displayed interest in understanding the impact of FDV on the ex-serving community.
234. In 2023 Phoenix Australia was commissioned by DVA to produce a report looking at the frequency of exposure to intimate partner violence (IPV) in serving and ex-serving member populations in Australia, based on the responses to Transition And Wellbeing Research Programme research.²⁶⁷ The findings noted that:
- Exposures to IPV, including emotional and physical forms of IPV, should be recognised as important issues that can influence the mental health of ex-service personnel and partners across the transition period.²⁶⁸
235. The analysis observed links between reports of IPV exposure and suicidality among both ex-serving personnel and partners.²⁶⁹ The research suggests a 3.2-fold increase in rates of suicidal ideation among ex-serving members who reported IPV and a 3.9-fold increase in likelihood of plans or suicide attempts in the previous year.²⁷⁰ Reports of IPV exposure related to a 4.5-fold increase in suicidal ideation rates among partners of

ADF personnel.²⁷¹ This aligns with other international studies of ex-serving personnel, as well as civilian experiences, and establishes IPV 'as an important risk factor for suicidality among veterans in the Australian context'.²⁷²

236. Ex-serving members who committed IPV (perpetrators) were found to report a 2.8-fold increase in rates of suicidal ideation over the previous year.²⁷³ Such findings may reflect influences of depression and posttraumatic stress disorder (PTSD) and other mental health issues and do not necessarily imply a direct link between acts of IPV and suicidality.²⁷⁴ However, research acknowledges that there is a growing body of evidence identifying similar links with IPV perpetrators and suicide risk.²⁷⁵

237. The Phoenix Australia study found that:

- 24.1% of intimate partners of current Defence personnel reported exposure to any form of IPV (emotional, physical or sexual).
- 45.5% of intimate partners of transitioned Defence personnel reported exposure to any form of IPV (emotional, physical or sexual).
- Exposure to IPV was strongly associated with the risk of probable PTSD and suicidality, when compared to other forms of lifetime trauma (such as surviving a car accident).
- Transitioned personnel who have committed IPV reported very high rates of harmful drinking, suicide ideation, probable PTSD and depression.²⁷⁶

238. Phoenix Australia concluded that even based on imperfect comparisons, the rates of IPV in families of serving and ex-serving members likely exceed those of community samples.²⁷⁷ In response, Defence's internal briefing material recognised how concerning these figures are and acknowledged the need to develop a new strategy to address the prevalence of IPV and FDV in military populations.²⁷⁸

239. The findings of the 2023 Phoenix Australia study are the latest in a series of attempts to understand the impacts of FDV within the Defence community. We welcome DVA's focus on such matters and hope this type of proactive, evidence-based and leading research continues. The only way that Defence, DVA and any large organisations can be confident their efforts and expenditure are working, is to conduct regular assessments to determine trends over time and the efficacy of interventions. This applies equally to all efforts on suicide prevention, mental health, psychosocial risk, work health and safety, and FDV.

Impacts of FDV in the Defence context

240. As we have discussed elsewhere in this chapter, children of serving Defence personnel are already exposed to unique stressors associated with family relocations and potential separations due to posting or deployment arrangements. When this is considered alongside the increased rates of FDV in the Defence population, as identified by Phoenix Australia, this necessitates dedicated investigation, support and assistance for the children of serving members.

241. We have received numerous submissions from persons who have been the victims of FDV. In a majority of instances, the alleged perpetrator was the male serving member against their female civilian spouse/partner. That is not universal, and it is critical to recognise that FDV occurs in all types of relationships, irrespective of age, ethnicity, sexuality and gender. However, in line with national trends, the information we received paints a clear picture of the gendered nature of the perpetrator/victim dynamic.
242. The experiences shared with us in submissions, private sessions, testimony and in direct engagement with serving and ex-serving members, paints a clear picture of mental ill health including PTSD, misuse of alcohol and drugs, employment instability – especially following transition from service – masking of symptoms, fear of reprisal (from their partner and from Defence) and undue hurdles and complexity when seeking assistance from Defence.
243. We were told by Commissioner Cherne, the Veteran Family Advocate Commissioner, about her and her children's experience of her late husband's FDV.²⁷⁹
244. In a submission to the Royal Commission, a serving member told us of her experience of FDV. She spoke of an escalating series of events over a number of years, including property damage, verbal, emotional and physical abuse and the decline in her husband's mental health.

In 2018 I made an appointment to go and see the Defence Community Organisation [now DMFS], hoping I would get some help. It was a big deal for me to go and admit to someone what was going on, but all they could do was tell me I obviously couldn't stay in the relationship and gave me some brochures for women's shelters. I felt really let down. I had hoped there might be better options, e.g some help with getting a rental if I needed to move out in a hurry or even a DHA house I could action for a short term while I got myself sorted out. I came away from the DCO feeling like there was nothing they could offer to assist me. I also called the Defence Family helpline, but they couldn't offer me any help other than telling me that if I separated from him and needed to move, I might be entitled to a removal.²⁸⁰

245. Two years after this approach to the DCO, the member separated from her husband due to the escalating abuse and her husband ceasing treatment for his mental health condition. Her husband died by suicide less than a year later. The couple were still married at the time of her husband's death and she was the sole beneficiary of her husband's will. When she contacted the superannuation provider for Defence, they initially informed her:

they wouldn't consider me his spouse due to the fact we weren't living in the same house at the time of his death. I went through an extended process of proving that our separation was due to medical reasons (his mental health), including sending the case manager from Milsuper police reports, photos of doors that had been smashed apart, and text messages from [name withheld] referencing acts of violence.

The fact that I was then ineligible to be considered his spouse by Milsuper made me feel like I was being penalised for making the decision to try to keep myself and my daughters safe.²⁸¹

246. Despite the very real impacts of FDV, Defence did not have a discrete FDV policy or strategy prior to 2017, and a coherent approach to the issue, they concede, was lacking.²⁸² There are significant opportunities for Defence to consider refining both their suicide and FDV interventions to recognise the nexus between the two, with a focus on delivering improved health and wellbeing outcomes as well as greater safety.

Defence Strategy for Preventing and Responding to Family and Domestic Violence 2023–2028

247. As part of the Defence Strategy for Preventing and Responding to Family and Domestic Violence 2023–2028, Defence has stated clearly that:

FDV is unacceptable in Defence. FDV and the impacts it can have on members and families is fundamentally incompatible with the Defence Values.²⁸³

248. Through a framework of prevention, early intervention, response and recovery, Defence has committed to ‘provide a supportive, flexible and safe workplace for Defence personnel subjected to or affected by FDV’.²⁸⁴

249. The strategy acknowledges that:

Experiencing FDV is a traumatic event and is disempowering in nature; it can be difficult to disclose. Defence will respond with compassion and sensitivity to Defence personnel and families of Defence members subjected to FDV.²⁸⁵

250. We welcome this as an important part of Defence fulfilling its duty of care to provide a safe environment and recognise the impacts of FDV on health and wellbeing. The initial response to victims of FDV is a critical aspect of their safety, health and wellbeing outcomes, and it is positive that Defence recognise its role in helping keep victims safe.

251. The strategy and action plans ‘will be supported by further research to provide more accurate measures of the prevalence of Intimate Partner Violence in Defence and best proactive prevention responses, to address this sensitivity’.²⁸⁶

Gaps and opportunities for improvement

252. The nature of service and operational postings and deployments make Defence a unique work environment. Service life might include significant separation from broader networks of family and friends that might normally be relied on as part of overall wellbeing strategies. Periods of isolation may give rise to particular risk for families experiencing family violence, and make reporting or seeking help more challenging for victims. The nature of service also includes access to weapons and a rank structure that provides some personnel with greater power than others.

253. These factors give rise to a set of FDV risks specific to the Defence context, which are important to understand to target interventions effectively. This is particularly vital for Defence families whose frequent movement to new postings may heighten the sense of isolation for victims.

254. In March 2023, Defence Families of Australia (DFA) prepared an 'ADF Families and Domestic Violence' issues paper. The paper was provided to this Royal Commission and to Major General Stothart, Head of Head of Military Personnel.

255. The DFA paper found that:

ADF families experience a unique set of risk factors that can culminate in a more difficult family and domestic violence environment than the Australian public may experience.

ADF policies, structures and mobility create a power imbalance between ADF members and their 'dependents' unintentionally fostering an environment that enables and empowers perpetrators often through the misuse of policy for coercive control means.

For (partner) victim survivors, frequent relocations have repercussions for their employment status (career interruptions and a greater likelihood of unemployment and underemployment than the general public), financial independence and access to family or community support, which can further exacerbate and isolate instances of family domestic violence.²⁸⁷

256. DFA went on to say that it is their belief that 'an incident such as partner/and or child homicide is only a matter of time'.²⁸⁸ This is deeply concerning.

257. DFA made a series of findings and recommendations. We see no reason why Defence cannot, or has not, swiftly implemented these recommendations, which appear eminently sensible. These included:

- compulsory, face-to-face training for DMFS staff on family and domestic violence
- data capture and analysis of instances of family and domestic violence
- appointing case managers to assist in the instance of a family breakdown and separation and official step-by-step guidance, adapted for the military context and drawn from the National Plan to End Violence Against Women and Children
- extended access to DMFS social workers and unlimited Open Arms support
- reform of Defence's housing and removals policies.²⁸⁹

258. To the extent that these recommendations have not been adopted and implemented in full by Defence, we confirm our support for these recommendations.

259. The 2023–2028 strategy further indicates that:

reporting systems will be established within Defence to assist the identification of risk factors, emergent trends and issues, some of which may be unique to, or exacerbated by, Service life.²⁹⁰

260. We welcome that recognition and would urge Defence to examine risk factors particularly relevant to service life, and consider opportunities to prevent, mitigate or intervene with a focus on victim safety.

261. We recognise that FDV might affect individuals within Defence as well as Defence families, either as victims or perpetrators. FDV occurs in a broad range of relationship types and settings, and is not restricted to intimate partner violence. An important aspect of fulfilling the promise to take FDV seriously is to ensure an inclusive and culturally safe environment for making disclosures. Close alignment between an organisation's approach to FDV and a strong understanding of diversity and inclusion, enables reporting for vulnerable groups.

262. Confidence to seek assistance is significantly shaped by the level of trust in the response mechanisms in place. Ensuring victims are aware of the help available in an emergency, including emergencies on base, is critical to ensuring a timely and appropriate response when it is needed the most. This includes ensuring there are no impediments to victims accessing police and emergency services responses.

263. While the strategy refers to help services available, it is concerning that no reference is made to emergency service responses available to victims of family violence 24/7; in particular police and ambulance services. These services are trained to respond to FDV incidents, to apply for protection orders on behalf of victims and have powers to hold perpetrators accountable. Access to these services should never be limited by a preference to manage incidents within the Defence environment.

264. As we discuss further later, it is widely understood that members and their families often do not know about the services and supports provided by DMFS, or experience difficulty navigating the system. Especially in instances of FDV or coercive control, where a person is seeking help and facing very real risks, any issues accessing support or navigating eligibility, are unacceptable.

265. In Hearing Block 10, we heard from DMFS that if a relationship breaks down while the couple reside in Defence housing, the civilian partner still requires the written consent of the member to instigate their relocation.²⁹¹ This removes the person's autonomy and in instances of domestic abuse or intimate partner violence, this creates risks for the separating civilian.

266. When questioned by the Chair of the Royal Commission about the services and support available when a family separation occurs for a couple in Defence housing, where the serving member has been accused of domestic violence, Major General Stothart offered little to provide comfort:

if we had evidence of domestic violence then we would – I’m not sure I can particularly – I don’t think I have enough detailed information to tell you exactly what you seek in terms of our templated response to – there is a report of family domestic violence, there’s a change in status being notified. I feel like it would be reach out to the family members, but I need to go back and find out what our guide would say in those circumstances to deal with the family and the housing circumstances. We would not seek to put a family on the street.²⁹²

267. We note that the DFA Issues Paper on FDV makes specific recommendations about housing and relocations following separation and/or FDV. Implementing the complete suite of recommendations from the Issues Paper is a necessary step, in our view.

Intersection with the civilian legal system

268. Defence recognises the application of the civilian legal system on their workforce. The Military Personnel Manual (MILPERSMAN) states that:

Defence will control a Defence member’s access to weapons, ammunition, body armour and explosives stored in Defence armouries, magazines and other designated storage facilities, where the Defence member is a respondent to a PO [protection order] or WPO [weapons prohibition order].²⁹³

269. However, employing strategies that mitigate risks relies on self-reporting from a person facing an allegation of having committed FDV.
270. Members who are a respondent to a protection order or weapons prohibition order are required by policy to notify their supervisor.²⁹⁴ These also require the submission of a change in circumstances to the Australian Government Security Vetting Agency, which provides the necessary security clearances for Defence members to be engaged by the ADF.²⁹⁵ Separately, members who have been arrested, charged with or convicted of a civilian offence must notify their Commander/manager within 24 hours.²⁹⁶ Convictions may lead to separation from service via administration or disciplinary sanction.²⁹⁷
271. Throughout our inquiry we observed that, at times, implementation does not always align with the intent of the policy. Requiring an individual member to notify their Commander or manager when there are very real consequences to the performance of their duties, is a difficult proposition. Noting the potential implications across jurisdictions on a number of sectors, not just Defence, of seeking to compel courts to inform workplaces of such orders, our terms of reference fall short of permitting in-depth consideration of such matters.
272. Despite this, Defence should be clear on the expectations and consequences if a serving member does not disclose relevant engagement in the civilian justice system, such as being the subject of a protection order. Our view is that Defence cannot properly carry out its duty of care to serving members, and by extension their families, without being given the opportunity to put in place clear mitigation strategies and provide relevant support in necessary circumstances. As we have discussed previously, those who commit acts of FDV or IPV are themselves at risk, as well as those who are the victims of such acts.

273. Relatedly, we draw attention to the National Domestic Violence Order Scheme, which since 2017 means that all domestic violence orders are automatically recognised and enforceable across Australia.²⁹⁸ The scheme is intended to make sure that regardless of where a victim moves across Australia, their protection follows them.²⁹⁹ Local police will enforce the conditions of the order regardless of in which jurisdiction the order was issued.³⁰⁰ This and similar information should be clearly linked and accessible from public-facing departmental websites.
274. It is our observation on Defence's FDV strategy that Defence should, where possible, make explicit the fact that emergency services in the civilian space are still empowered to respond to member and member family issues when they engage with the Defence context. Access to these services should never be limited by a preference to manage incidents within the Defence environment. Anyone engaging with these services should not face implicit obstacles.

Recommendation 102: Implement and improve upon the Defence Strategy for Preventing and Responding to Family and Domestic Violence

In addition to, and as part of the implementation of the Defence Strategy for Preventing and Responding to Family and Domestic Violence 2023–2028, Defence should:

- (a) recognise the nexus between family violence and suicide, including the inclusion of family violence indicators within approaches to suicide prevention, and consideration of suicide risk within responses to family violence
- (b) implement all recommendations made by Defence Families of Australia (DFA) in its issues paper on Australian Defence Force families and domestic violence and work collaboratively in an enduring fashion with the DFA to deliver ongoing reforms to prevent family and domestic violence and support victims of family and domestic violence
- (c) establish and communicate a set of minimum standards to guide its approach to family and domestic violence that are publicly available and:
 - (i) clearly articulate victim safety (including that of children) as the primary consideration in decision-making
 - (ii) define how Defence will ensure that any protection orders that may be in place can be upheld in the workplace, including how it will ensure that postings and workplace arrangements prioritise the safety of the victim
 - (iii) include clear expectations regarding disclosure by Defence members who are the respondent on a protection order relating to family violence

- (d) take steps to ensure that Defence property, equipment and resources are not used to perpetrate family and domestic violence, including that Defence housing stability is not used as a means to exercise coercive control or to create barriers to safe separation
- (e) ensure that there are no impediments to Defence personnel accessing emergency services responses while on base, in relation to family and domestic violence. All materials regarding family and domestic violence should include emergency services response information and be regularly reviewed for currency.

27.5 Defence Member and Family Support

275. DMFS Branch is responsible for the provision of services and supports to members and their families. But it was not always called 'DMFS'.
276. Following the Hamilton Review in 1986, and the subsequent Pratt Review in 1994, the Defence Community Organisation was established. From July 2021, the organisation was renamed Defence Member Family Support (DMFS) to 'better reflect the nature of its services and identify the Branch as an internal service provided for the benefit of all members and their families and to enhance capability'.³⁰¹
277. DMFS provides a range of services including:
- community engagement
 - administration of the Defence childcare program, delivered by One Tree Community Services
 - the 24-hour Defence Family Helpline
 - assistance for family members relocating due to a posting who may have additional needs to consider in the relocation and provision of housing
 - support for children changing schools as a result of a posting relocation of the member parent
 - the Partner Education and Employment Program (PEAP)
 - absence from home and mobility support
 - the Emergency Support for Families Scheme, which can provide support to the resident family in the event of an accident or emergency to the family while the member is absent as a result of service requirements
 - critical incident and bereavement support in the event of a major accident or death.³⁰²

278. The 24-hour Defence Family Helpline is described as ‘the first point of call for Defence families seeking support, information or connection with their community ... and is staffed by psychologists and social workers, the helpline provides advice or referral to other services, depending on the family’s needs’.³⁰³
279. DMFS also provides funding through Family Support Funding Program grants to notforprofit community organisations to deliver local projects and programs to ‘empower military families and their communities to develop strong coping mechanisms, foster a supportive environment, and promote overall wellbeing’.³⁰⁴
280. DMFS services are offered through 23 area offices and service delivery points on or near Defence bases.³⁰⁵ Staff typically consist of an area manager, social workers, military support officers, family liaison officers and education liaison officers.³⁰⁶
281. Despite this infrastructure, wide range of programs and many staff, Defence has struggled to deliver its pledge to families outlined in the ADF Family Covenant. Successive reviews of DMFS service delivery, including the Artemis Partners *Family Support Scoping Study*³⁰⁷ and the *DMFS Programs Improvement Review* conducted by PricewaterhouseCoopers,³⁰⁸ highlighted opportunities to increase support to families in the areas of community and social connection, meaningful employment for partners and children’s wellbeing.
282. The 1986 Hamilton Report stated:

Service life does demand a very special commitment from those who choose it, and special sacrifices from their families. I have heard this said with pride by many military people; but I have seen little evidence that this pride is translated by the defence bureaucracy into practical assistance that recognises and underpins the commitment that members of the defence force make.³⁰⁹

283. Noting that the ADF Family Covenant states that ‘Defence pledges to work in partnership with ADF families to enhance their self-resilience, and commits to listening and responding to the needs of families’ we had certainly hoped to have heard much more positive feedback on the services provided by DMFS and the beneficial impact on members and their families than we have ultimately heard. As we have stated previously, many of the issues and concerns that members and their families face today were also of concern in 1986 when the Hamilton Report was released.

27.5.1 Resourcing

284. As indicated by the Chief of Personnel, Lieutenant General Fox, DMFS Branch supports approximately 71,000 family members across the Defence enterprise. Access to high-quality, timely and effective support and services for members and their families is the minimum that the Australian Government, through Defence, can offer those who serve.
285. The Chief of Personnel and the Chief of the Defence Force acknowledge that services provided by DMFS are critical to supporting members in ADF.³¹⁰

286. Air Marshal Robert Chipman AO CSC, who was Chief of Air Force when he submitted a written statement to this Royal Commission, said that DMFS requires more people and resources to deliver the support services that members and their families deserve.³¹¹
287. Ms Aspasia Isifidis, Area Manager DMFS Sydney–Liverpool, gave evidence that more resources for DMFS would allow more work to be done around preventative service and support, and more counselling services to be provided.³¹²
288. Ms Laaksonen-Sherrin informed us that she was aware that numerous regional DMFS offices often had to deal with staff shortages. Staffing shortages negatively affect DMFS's ability to provide consistent regional offerings and opportunities for current serving families to connect with each other.³¹³
289. Ms Rachel Baker, Area Manager DMFS North Queensland, gave evidence that there is scope for additional DMFS resources within the regions.³¹⁴
290. Submissions made to the Royal Commission also highlighted budget limitations as restricting DMFS service delivery. One family told us:
- DMFS and the support it provides simply isn't enough. The three Defence-run family centres across Sydney aren't enough. The budget[s] for these support services are not enough. I do not want this to be interpreted as DMFS aren't doing everything they can, because I know they are. But like all crucial Defence services, they are underfunded and understaffed.³¹⁵
291. DMFS staff agree that more resources for DMFS would assist them to fulfil their remit to families by employing more social workers, offering preventative supports and providing more counselling sessions (currently capped at six) to those in need.³¹⁶ Defence has advised us of ongoing unfilled vacancies in social worker and DMFS Helpline positions, despite recruitment initiatives. Clearly, more can and must be done to support DMFS, with sustained improvement to DMFS funding and greater effort and innovation to attract and retain skilled workers to DMFS. Defence must prioritise this effort to demonstrate its commitment to, and prioritisation of, the needs of members and their families.

27.5.2 Communication with families

292. As outlined above, we see a need for improved and sustained funding to support the services provided by DMFS. We also identify opportunities to enhance the existing services offered. But these improvements should not be made in the absence of substantially improved communication with families and innovative promotion of DMFS services. DMFS must also remove any barriers to the family member having direct access to DMFS, without the member needing to facilitate access to services.
293. The draft report of the 2022 ADF Families Survey found that 30% of Defence families did not access Defence support because they did not know it existed. A further 19% of survey respondents reported not being able to access service in a timely manner

as their reason for not using Defence services.³¹⁷ Coupled with the potential barriers to accessing DMFS services, this undermines the effectiveness of DMFS to support Defence capability.

294. In Hearing Block 10 we were informed by Ms Baker that:

the continual feedback across the years throughout the various surveys, throughout the anecdotal feedback that we receive is ‘we didn’t know that scope [of services DMFS offers] or we didn’t know who to go to’.

295. Defence acknowledges there is a lack of awareness of services offered by DMFS.³¹⁸ DMFS is reliant on members to pass information to their families.³¹⁹ At the same time, feedback provided to Defence also indicated that members and their families have found it difficult to find information about DMFS on the Defence website.³²⁰ Conversely, in response to procedural fairness letters issued by us, the Commonwealth, as represented by the Australian Government Solicitor, states it ‘disagrees with the proposition that Defence does not communicate its services effectively to members’.³²¹ The issue of communication and lack of awareness of service offerings has been raised with us enough times that we are confident in making this finding.

296. Ms Sandi Laaksonen-Sherrin noted that one of the biggest gaps in DMFS services, which directly affects all members and families, relates to communication. Ms Laaksonen-Sherrin advised that there is no comprehensive family communication strategy in place. Family members are often reliant on the serving member, who is commonly referred to in defence circles as the ‘gatekeeper’, to relay information. There is also inconsistent engagement with families depending on the unit/squadron/ship and the importance placed on communication with family by those in Command.³²²

297. Ms Baker and Ms Isifidis agreed in their evidence in Hearing Block 10 that the provision of some DMFS services is reliant on Command involvement. This can be a barrier to families accessing DMFS services.³²³

298. Dr Angela Maguire, expert witness, gave evidence that although veterans were being provided with information about services and programs, this information was not being shared with family members.³²⁴

299. DMFS’s draft 2024–25 Communication Strategy acknowledges that families are not always aware of the supports available and how to access them, and that information is communicated inconsistently and can be hard to find.³²⁵

300. Defence Families of Australia (DFA) told us:

We reiterate that having information delivered when it is relevant in the lifecycle of the member is of utmost importance. It is imperative families have access to information relevant to their stage of life.³²⁶

301. DFA advocates for an opt-out communication directly to families to overcome the entrenched issues of reliance on the member to navigate the DMFS support system and providing or facilitating engagement with their spouse/partner or family.

302. We understand that DMFS are in the process of developing a web portal, intended to enhance communication with Defence families by allowing them to 'opt in' to direct communication.³²⁷ This is a long overdue development but we wish it to go further. Communication should be provided by default and instead be 'opt out'. Family members should be able to directly access information and test their eligibility for support directly with DMFS.

27.5.3 Continuous improvement

303. Delivering high-quality, timely and accessible services to members and their families requires a culture of continuous learning and improvement, outcomes monitoring and evaluation. Only then can Defence and DMFS be assured that their programs are reaching as many members and families as possible, fulfilling the ADF Family Covenant and delivering enduring positive outcomes for members, their families and the Australian taxpayer.

304. A Defence internal review conducted in 1998 found that:

The [Defence Community Organisation] DCO is expending public resources without sufficient knowledge of whether they are being well spent and what have been the substantive results.³²⁸

305. Noting this was reported to Defence in 1998, we had hoped to find that the absence of robust evaluation of outcomes was a historic issue. Sadly, that is not the case.

306. Ms Laaksonen-Sherrin noted that DMFS services are inconsistently delivered due to a lack of clear and consistent reporting, training, staffing (levels, expertise, approach) and evaluation.³²⁹

307. We also heard from Major General Stothart that evaluation and data collection for specific DMFS services and programs needs to be improved. He informed us:

[w]e need to be collecting data in such a sense that we are quickly monitoring take-up, effectiveness, what are the survey results saying, and turning on those programs relatively quickly, and if they're not proving effective, re-divert resources elsewhere or adjust the program more quickly.³³⁰

308. The 2022–23 Audit Report, which reviewed and assessed the effectiveness of DMFS services and support programs, found that while DMFS had developed new data analysis capabilities, it was yet to fully develop performance measurement and target-setting processes that aligned services to the strategic and operational objectives of DMFS and the wider Defence enterprise. The audit also suggested DMFS needed to improve its ability to obtain feedback to assess satisfaction with support services across the breadth of DMFS activities.³³¹

309. In response to correspondence from the Royal Commission, the Commonwealth agreed that DMFS programs and services lack mature, holistic evaluation.³³² This must change.

Recommendation 103: Improve the support, communication and services provided to Defence families

In recognition of the critical role that Defence families play in Defence capability, and the stressors that service life places on the member and their family unit, Defence should:

- (a) increase and enhance the suite of family support programs and initiatives available to Defence families, informed by co-design with members, families and Advocates. This should include:
 - (i) systematically analysing data from the Defence Member and Family Helpline to better understand issues and trends, and create opportunities to better assist members and their families
 - (ii) removing barriers to families directly accessing information and services provided by Defence Member and Family Support (DMFS)
 - (iii) providing an evidence-based suite of information and resources to support families, especially at times of peak stress including postings, return from deployment and member transition
 - (iv) facilitating greater access to or provision of family therapy, and services that support partners and children of Defence members
 - (v) an enhanced DMFS communications strategy
- (b) ensure that systems are in place to communicate directly with families on an 'opt out' basis to provide information on available services and supports, assisted by a refreshed DMFS communications strategy and greater efforts to publicise the supports available
- (c) develop and implement a framework to evaluate outcomes, including the efficiency and effectiveness of all current and future DMFS initiatives, with this material to be made public to demonstrate transparency and accountability for the performance of DMFS
- (d) work with the Australian, state and territory governments to investigate and improve arrangements for facilitating employment opportunities for partners of Defence members as well as opportunities for remote working, or preferential employment of this cohort in appropriate roles
- (e) work with the Australian Government, following the completion of the Defence Childcare Review and the Productivity Commission Review into Early Childhood Education and Care, to identify and realise opportunities to improve the provision of child care services to Defence members.

27.6 Families of ex-serving members

310. The work of the Department of Veterans' Affairs (DVA) and Open Arms is the subject of Part 6, Transition and support for ex-serving members and Chapter 19, Open Arms. This section focuses on DVA's engagement with veterans' families, the services it provides them and the structures in place to facilitate this engagement. (Note: For the purposes of this section, 'veteran' is taken to mean 'ex-serving member'.) It also looks at services for families offered by Open Arms, DVA's mental health, counselling and wellbeing support service provider, and the limitations of these offerings for families.
311. We have identified a number of barriers impeding families' use of DVA and Open Arms services including:
- inconsistent legislative definitions of dependants and family members, creating uncertainty and inconsistency in who may be an eligible family member under the relevant DVA legislation
 - a complex legislative framework that can hamper communication and information sharing with families
 - lack of awareness of services³³³
 - DVA benefits only being available to eligible veteran families, not all veteran families.³³⁴
312. Ms Renee Wilson, Chief Executive Officer of the Families of Veterans Guild, told us that families have limited entitlement, recognition in and support from the system. Families and caregivers are often seen as secondary.³³⁵
313. Commissioner Gwen Cherne, has identified a number of critical shortcomings in the support provided to veteran families and potential remedies. The identified gaps, in the Commissioner's perspective, include:
- an inconsistent definition and shared understanding of what constitutes eligible 'families'
 - shortcoming in suicide prevention programs
 - access to medical support and services, especially for eligible children of ex-serving members
 - shortcomings in the information provided to ex-serving members and their families with regard to the availability of health care
 - aged care needs of ex-serving members
 - recognition of families in commemoration activities
 - ex-serving members experiencing homelessness
 - the need for affordable housing for ex-serving members

- provision of employment pathways for former serving members and their families
- the complexity in navigating the large ex-serving and veterans' organisation sector
- a need for robust data to underpin service design and delivery.³³⁶

314. The shortcomings identified by Commissioner Cherne present an opportunity for the Australian Government and DVA to improve the experience of, and supports available to, veteran families. This includes options to ensure:

- veterans' families are classified as a discrete and unique cohort of DVA clients and considered in all aspects of veteran policy design and implementation; this would ensure that families would not be considered an 'add-on' to the support provided to ex-serving members themselves³³⁷
- programs and initiatives to support veterans' families are consistently funded and resourced, commensurate with their significance and needs³³⁸
- clear and comprehensive legislative guidance for the provision of services to veterans' families as a discrete cohort of DVA clients is created. Commissioner Cherne expressed concern that this is a significant contributing factor to the lack of dedicated focus and resourcing noted above, as well as a potential impediment to the sharing of information.³³⁹

27.7 Role of family advocates

315. In recognition of the importance of knowledge, insights and the role of families in supporting members and veterans, the following roles exist:

- Defence Family Advocate (Head of Defence Families of Australia)
- Veteran Family Advocate Commissioner.

316. In this section, the important work of both positions is discussed, with a view to enhancing the role each perform and the representation they provide to members, ex-serving members and their families. Each office holder has made a significant contribution to our work, but both have expressed desire for improvements.

317. The role of the Defence Family Advocate was established in June 1986 and was originally constituted as an advisory board assisting the Department of Defence. Since 2014, the role of the Defence Family Advocate has been designated a part-time officeholder for the purposes of the Remuneration Tribunal, which sets out the fees and allowances provided to the Advocate.³⁴⁰

318. The Defence Family Advocate is the head of DFA. DFA is not part of Defence. Rather, it operates under a charter authorised by the Minister for Defence Personnel and the Chief of the Defence Force.³⁴¹ The charter describes it as an autonomous organisation performing the following tasks:

- providing advice to the Minister and the Chief of the Defence Force, ‘and relevant arms of the [DMFS] and stakeholders, on matters affecting ... members and their families, in order to inform policy development and decision making’³⁴²
- providing a recognised forum for Defence families, to ‘raise issues ... [and] assist families in contacting the appropriate persons or bodies ... and to advocate ... to promote outcomes that are beneficial both to the family and the ADF’³⁴³
- communicating with and on behalf of Defence families, to ‘assist the families ... to obtain information on benefits and assistance available’.³⁴⁴

319. DFA advocates on behalf of Defence family members, individually or collectively. Typical issues include partner employment, housing and relocations, children’s education and wellbeing, family mental health and relationships, and financial distress.³⁴⁵

320. The Defence Family Advocate is assisted by eight national delegates representing the states and territories, a project officer and two communications officers.³⁴⁶ We note that while the charter governing DFA seeks to enable independence, the organisation is reliant on Defence to exercise financial delegations and provide administrative and ICT support.³⁴⁷

321. The scope of work undertaken by DFA and the Defence Family Advocate is extensive. Ms Laaksonen-Sherrin described the role of the Defence Family Advocate as the organisational and functional lead of Defence DFA, who is responsible for matters related to:

- strategic planning
- providing a Defence families’ perspective on national working groups, committees and Command courses as required
- senior stakeholder liaison
- representation for ADF families posted overseas
- communication and marketing
- finance and budget management
- research reviews and consolidation
- reporting and quality assurance
- governance reform and change management.³⁴⁸

322. DFA staff are appointed by the Minister for Defence Personnel and remunerated only as part-time officeholders³⁴⁹ despite working to assist tens of thousands of Defence members and their families, for the advancement of the individuals and the capability of the ADF. By appointing staff of the DFA as ‘part-time officeholders’, staff are only paid for a maximum of 5 hours work per day they can work, and do not have any paid

leave entitlements. DFA staff have only recently started receiving superannuation, but at rates lower than Defence members and public servants. The budget for DFA is also set by Defence and we've been told that DFA are rarely consulted on that budget and the operational needs of the organisation.³⁵⁰ A significant factor in the resignation of the former Advocate was the inability to access paid maternity leave.³⁵¹

323. Given the importance of the work the DFA performs, Defence's stated commitment to members and their families and the vast geographical scale of Australia's Defence establishment, these employment arrangements are entirely unsatisfactory and denigrate the role of the DFA and work the organisation performs.

324. The Veteran Family Advocate Commissioner, Ms Gwen Cherne, told us that the position of the Defence Family Advocate should be classified and remunerated at the same level as her position.³⁵² We note that the Veteran Family Advocate position is full time, assisted by full-time staff with full leave entitlements. Commissioner Cherne told us:

[that] Defence Families Australia hav[e] to consistently advocate for a proper budget, for proper working entitlements, such as leave and hours that are actually paid based on the work hours that are required of them to do their jobs, means that there is a lack of investment and that translates to a lack of support for families.³⁵³

325. Similarly, in our final hearing block Lieutenant General Fox told us that DFA needs to be appropriately resourced.³⁵⁴ We completely agree.

326. Ms Laaksonen-Sherrin informed us that when she started in the role of Defence Family Advocate her understanding was that her initial 6 months in the role would be to secure Defence approvals for the internal governance structures supporting the work of the Defence Family Advocate. Ms Laaksonen-Sherrin then anticipated the subsequent 2.5 years of her tenure would be devoted to being a 'change agent' and implementing the agreed governance structure and duties of the role. Ms Laaksonen-Sherrin informed us that was not the case, with Defence 'unable to provide support to confirm a course of action'.³⁵⁵ We have seen evidence that corroborates this.

327. In 2020, Defence sponsored an independent review of DFA. The review to look at governance arrangements of the organisation, performed by a consultancy called Our Community and supported by the then head of People Capability, now Chief of Personnel, Lieutenant General Fox.³⁵⁶ The report was completed in October 2020 and made nine recommendations to improve DFA's governance, roles and responsibilities.³⁵⁷

328. Defence informed us that it had accepted the findings of the review and has been working with DFA to address them. However, we note that a number of the findings are yet to be actioned.³⁵⁸

329. Ms Laaksonen-Sherrin told us that in recent years increased pressure was felt by DFA from within the Defence sector to perform an expanded advisory role to Defence, Defence families and other key stakeholders. Staffing and allocated hours became a critical issue in 2021. Defence provided some interim increases in funding in response to this.³⁵⁹

330. In early 2022, another review was done, this time at DFA's own initiative. The review, conducted by PricewaterhouseCoopers, found that the organisation was not fit for purpose to achieve the mandate it had been set.³⁶⁰ The report also highlighted issues associated with inadequate remuneration for DFA staff.
331. The report was provided to Major General Stothart.³⁶¹ Defence has told us it has not accepted any of the findings or recommendations made by PricewaterhouseCoopers. Defence informed us that the total cost would be in the order of \$2 million. Defence has said that no budget has been allocated for implementing the recommendations and any activities to achieve reform will be funded from within the existing budget allocation.³⁶² We are concerned by this.
332. Ms Laaksonen-Sherrin told us:
- The current governance and structure of [Defence Families of Australia] still pose major risks to staff and organizational effectiveness. These risks have been known to Defence [redacted] since February 2022 in the form of two separate, independent consultancy reports investigating [Defence Families of Australia]'s governance and structure.
- As [Defence Families of Australia] staff have no delegation or statutory rights, [Defence Families of Australia] is wholly reliant on Defence to approve and action structural and substantial governance changes. For over 14 months, [Defence Families of Australia] was denied support to undertake genuine governance reform. All reform change occurred internal to the organisation off the initiative and drive of our team of young mothers and Defence spouses, which is a huge credit to them.³⁶³
333. We are concerned by the lack of progress to reform and resource DFA appropriately. We are also concerned by the employment and remuneration conditions applicable to staff who play such a critical role in supporting Defence capability. As at May 2024, the position of the Defence Family Advocate is vacant following Ms Laaksonen-Sherrin's resignation because the position does not provide maternity leave. We were aware that recruitment was underway in early 2024 to fill the position, which was previously held by Ms Sandi Laaksonen-Sherrin.
334. We consider that the governance of DFA, staffing levels, including at a regional level, and the remuneration of the position of the Defence Family Advocate need to be reconsidered by Defence as a matter of urgency. Rather than defending this arrangement, as the Commonwealth elected to do via procedural fairness, Defence should instead spend its time and resourcing enhancing, resourcing and elevating the role to ensure it provides maximum impact, advocacy and benefit to Defence families. We find that anything else is indefensible.
335. Elevating and recognising the role of DFA, as an independent organisation to advocate freely without Defence interference, is consistent with the recognition of family outlined in the ADF Family Covenant. This would also be an important step in providing contestability of advice and promoting advocacy for members and their families.

27.7.1 The Veteran Family Advocate Commissioner

336. The role of the Veteran Family Advocate Commissioner is currently held by Ms Gwen Cherne. The position was created in 2020 and sits on the Repatriation Commission and the Military Rehabilitation and Compensation Commission, which informs the work of DVA but is independent of the Department. The Veteran Family Advocate is intended to represent veteran families in policy development and decision making, including by:
- providing strategic advice on matters of policy and operations affecting veterans' families
 - listening to the needs of veterans and their families and identifying gaps in services currently provided
 - representing veterans' families' interests in policy design and decision making in DVA
 - collaborating with ex-service organisations and DVA to advance the interests of veterans and their families.
337. Commissioner Cherne told us that the position was created due to a 'trust deficiency' between the departments of Defence and Veterans' Affairs, and veterans and their families.³⁶⁴ The independence of the Veteran Family Advocate is critical to its success, with Ms Cherne's statutory appointment and remuneration reflective of that.
338. The role includes some necessary overlap with the work of the Defence Family Advocate, as together they ensure that families are represented and advocated for across the spectrum of service life, transition and veteran life. In Commissioner Cherne's view, despite the overlap, both advocacy roles are necessary to ensure the needs of families across the lifespan of a member's service are given sufficient voice.³⁶⁵
339. The Veteran Family Advocate is a member of key governance bodies within DVA and has direct access to DVA staff, including the Secretary of DVA. The Veteran Family Advocate reports to the Minister for Veterans' Affairs. We consider this to be critical to the success of the role and identify this as a distinct difference to the access, seniority and profile afforded to the Defence Family Advocate.
340. Commissioner Cherne has made a number of recommendations to strengthen the relationship between and value of the work of the Defence Family Advocate and the Veteran Family Advocate. These include:
- explicitly requiring both advocate roles and their staff to work together on common issues affecting Defence and veteran families, with the functions to be prescribed in legislation or means of appointment
 - amending the role of the Defence Family Advocate to be the equivalent level of seniority as the Veteran Family Advocate, to have parity of influence, standing and remuneration
 - provision of shared administrative support to both officeholders to maximise efficiency of operation.³⁶⁶

341. Resourcing limitations have also affected the work of the Veteran Family Advocate.³⁶⁷ Since the role and supporting office staff were established in 2020, there has not been a full complement of staff, with long lead times to fill vacancies, the requirement to perform different duties at the request of DVA and absences or attendances at commemorative events having a significant impact on the operation of the Veteran Family Advocate.³⁶⁸

Recommendation 104: Improve the profile, resourcing and impact of the Defence Family Advocate

To achieve the best possible representation of serving and ex-serving members and their families, the Australian Government should:

- (a) improve the profile, resourcing and impact of the Defence Family Advocate, by:
 - (i) providing the Defence Family Advocate with appropriate staffing, budget and remuneration, with a salary and employment conditions at an equivalent rate to comparable executive positions, supported by full-time staff with the same employment conditions as their counterparts in Defence and the public service
 - (ii) formalising the relationship between the Defence Family Advocate and the Veteran Family Advocate Commissioner
 - (iii) working with the new Defence Family Advocate to implement the recommendations made in the 'Our Community' and the PricewaterhouseCoopers reviews to refine and improve the governance and outcomes of the Defence Family Advocate
- (b) appropriately staff and resource the Veteran Family Advocate Commissioner and their office to improve outcomes and ensure that veteran families are represented in policy design, decision-making and advocacy
- (c) investigate whether shared administrative support for both office holders may further assist collaboration and support the efficiency of their operations.

27.8 Conclusion

342. In saying that 'families enable military service',³⁶⁹ Lieutenant General Natasha Fox, Chief of Personnel, acknowledged a profound truth that is not always borne out in the recognition and support provided for Defence families. Indeed, platitudes are not a substitute for giving families the services and support they need.
343. Family support underpins defence capability. Family support is also critical to the wellbeing of serving and ex-serving members; it can protect against the risk of suicide and suicidality. We have seen that families support help-seeking behaviour and recovery. When a serving or ex-serving member has mental health illness or injury, or is experiencing suicidal behaviour, their family members often keep them safe and provide emotional, practical, administrative and financial support. Family members

often provide an important point of connection between the serving or ex-serving member and health and mental health professionals as well as helping with paperwork and administrative processes. Families can provide hope, promote social connection and support a sense of personal agency.

- 344. Service life for the family members that create the stable base and foundation from which members serve our nation demands considerable sacrifice. It can erode the family's resilience and affect health and wellbeing. In turn, this affects the family's ability to provide support. The issues highlighted in the Hamilton Report in 1986 continue to affect families, particularly in the areas of childcare, partner employment, frequent relocations and separation from their loved one.
- 345. Some families of serving and ex-serving members simply do not receive the recognition and support they need and deserve. The impact of service life can be insurmountable. This is particularly so when families are not even aware of the support that is on offer.
- 346. The fact that Defence cannot demonstrate that its allocation of resources (money, staff and facilities) is well aligned to the services that DMFS provide is also a failing.
- 347. The effects of service life on families continue beyond the member's transition from Defence. DVA has acknowledged systemic issues that reduce their capacity to support veteran families and has outlined work underway to improve their engagement with families.
- 348. In Hearing Block 10, Commissioner Brown made the following comments to Major General Stothart on the topic of supporting Defence families:

You talked about the need for a childcare review, you talked about the need to look at domestic and family violence and do more, you talked about the need to increase commanders' awareness, to look at better communication, you talked about the portal and the work you are doing there ... you talked about the need to streamline, you talked about the need for horizontal mapping, you talked about the need for better data collection, and you [said] ... that a relocation study might actually be a good idea, and they're just the ones I wrote down, but there are a lot of things there to do. I guess what I'm wanting to understand is, is there a commitment to doing it? That's a lot of work and I acknowledge it's a lot of work, but in 37 years, the issues don't seem to have changed. And if we are serious, if Defence is serious in saying 'Our people are our most important asset, and our families are all about enhancing our capability and our readiness', are we actually putting the resources into the families that are needed?³⁷⁰

- 349. In response to Commissioner Brown's question, Major General Stothart said that many of these things were under way, but that a new holistic approach to the delivery of services was needed.³⁷¹
- 350. We welcome important new initiatives that focus on lifetime wellbeing, and that 'fundamentally shift the experience of many of our members and families'.³⁷² Our recommendations are designed to make Defence and DVA accountable for the work they have described as underway and in doing so to build a stronger, more resilient Defence and veteran community.

Endnotes

- 1 S Hamilton, Office of the Status of Women, *Supporting Service Families – A Report on the Main Problems Facing Spouses of Australian Defence Force Personnel and Some Recommended Solutions*, Report, Department of Defence, April 1986 (Exhibit 72-02.007, Hearing Block 10, DEF.1197.0002.0389).
- 2 Transcript, Richard Marles, Hearing Block 12, 7 March 2024, p 89-8932 [8–16].
- 3 Exhibit 72-02.015, Hearing Block 10, Scoping Study of Support to Families of Serving Military Members, Final report, 29 November 2022, DEF.1197.0011.0631 at 0635.
- 4 Exhibit 79-01.015, Hearing Block 11, Sandi Laaksonen-Sherrin, Witness Statement, SLS.0000.0001.0009 at 0011.
- 5 D Smart and others, *Family Wellbeing Study: Summary Report*, Department of Defence and Department of Veterans' Affairs, 2018, p 5 (Exhibit 20-03.047, Hearing Block 3, DEF.0001.0001.6356 at 6366).
- 6 Transcript, Sharon Lawn, Hearing Block 4, 6 April 2022, p 26-2314 [1–10].
- 7 Transcript, Sandi Laaksonen-Sherrin, Hearing Block 1, 1 December 2021, p 3-291 [37–40].
- 8 Transcript, Elaine Waddell, Hearing Block 4, 6 April 2022, p 26-2313 [27–31].
- 9 Transcript, Helen Milroy, Hearing Block 6, 2 August 2022, p 41-4021 [38–46].
- 10 M Fossey and others, 'The Transition of Military Veterans from Active Service to Civilian Life: Impact of Transition on Families and the Role of the Family, Support, and Recognition', in CA Castro and S Dursun (eds), *Military Veteran Reintegration*, 2019, pp 185–213, 188–189, quoted in Exhibit 72-02.015, Hearing Block 10, DMFS Scoping Study of Support to Families of Serving Military Members, Final report, 29 November 2022, DEF.1197.0011.0631 at 0641.
- 11 Transcript, Wade Stothart, Hearing Block 10, 21 July 2023, p 72-6932 [5–12].
- 12 Transcript, Wade Stothart, Hearing Block 10, 21 July 2023, p 72-6933 [17–21].
- 13 Transcript, Natasha Fox, Hearing Block 12, 20 March 2024, p 96-9730 [41–42]; Exhibit 96-01.011, Hearing Block 12, Department of Defence, Response to Notice to Give, NTG-DEF-191, DEF.9999.0177.0001 at 0010.
- 14 Exhibit 96-01.011, Hearing Block 12, Defence Response to Notice to Give, NTG-DEF-191, DEF.9999.0177.0001 at 0010.
- 15 Exhibit 96-01.011, Hearing Block 12, Department of Defence, Response to Notice to Give, NTG-DEF-191, DEF.9999.0177.0001 at 0062.
- 16 Exhibit L-01.009, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-001, DVA.9999.0001.0001 at 0045 [11.1].
- 17 Exhibit L-01.009, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-001, DVA.9999.0001.0001 at 0045 [11.1].
- 18 Exhibit L-01.009, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-001, DVA.9999.0001.0001 at 0045 [11.1].
- 19 Exhibit 79-01.001, Hearing Block 11, Gwen Cherne, Witness Statement, DVA.9999.0073.0025 at 0055 [121].
- 20 Transcript, Gwen Cherne, Hearing Block 11, 31 August 2023, p 79-7633 [20–25].
- 21 Transcript, Renee Wilson, Hearing Block 1, 1 December 2021, p 3-295 [14–23].
- 22 Exhibit 79-01.001, Hearing Block 11, Gwen Cherne, Witness Statement, DVA.9999.0073.0025 at 0055 [121].
- 23 Exhibit 79-01.001, Hearing Block 11, Gwen Cherne, Witness Statement, DVA.9999.0073.0025 at 0069 [192].
- 24 Department of Veterans' Affairs, 'Veterans' Legislation Reform – Exposure Draft Consultation,' webpage, updated 12 April 2024, www.dva.gov.au/about/royal-commission/veterans-legislation-reform-exposure-draft-consultation, viewed 17 April 2024 (Exhibit R-01.030, DVS.4444.0001.0112).
- 25 Exhibit 72-02.019, Hearing Block 10, Draft Defence and Veteran Family Wellbeing Strategy 2023-2027, DEF.1197.0004.0885.
- 26 Exhibit R-01.023, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-125, DVA.9999.0121.0012 at 0036.
- 27 Transcript, Alison McLaren, Hearing Block 12, 6 March 2024, p 88-8773 [11].
- 28 Transcript, Alison McLaren, Hearing Block 12, 6 March, p 88-8775 [32–47], 88-8780 [41–47].
- 29 Australian Government, *National Defence Strategy*, April 2024 (Exhibit R-01.026, DVS.4444.0001.0108).

30 Exhibit 72-02.001, Hearing Block 10, Department of Defence, Response to Notice to Give, NTG-DEF-154A, DEF.9999.0103.0001 at 0007.

31 Exhibit R-01.019, Defence Member and Family Information Guide, DEF.1155.0001.0147 at 0150.

32 Transcript, Natasha Fox, Hearing Block 12, 20 March 2024, p 96-9731 [29].

33 Transcript, Mark Hammond, Hearing Block 12, 14 March 2024, p 92-9193 [10–15].

34 Transcript, Wade Stothart, Hearing Block 10, 21 July 2023, p 72-6930 [35–37].

35 Transcript, Wade Stothart, Hearing Block 10, 21 July 2023, p 72-6927 [9–13].

36 Transcript, Matthew Keogh, Hearing Block 12, 7 March 2024, p 89-8931 [3–8].

37 Exhibit L-01.033, Suicide Prevention Australia and Mental Health Australia, Joint Submission, SUB.0000.0020.0011 at 0031. [permission to publish]

38 Suicide Prevention Pathways, *Talking Suicide – Protective Factors*, Factsheet, 2018 (Exhibit R-01.027, DVS.4444.0001.0105).

39 T Varker and others, *ADF Members and Ex-Members Suicide Literature Review: an Update*, commissioned by the Royal Commission into Defence and Veteran Suicide, Research Report, October 2023, p 8 (Exhibit L-01.026, DVS.2222.0001.0759).

40 Interim National Commissioner for Defence and Veteran Suicide Prevention, *Preliminary Interim Report*, September 2021, p 278 [10.25] (Exhibit 01-01.13, Hearing Block 1, INQ.0000.0001.1584).

41 T Varker and others, *ADF Members and Ex-members Suicide Literature Review: an Update*, Royal Commission into Defence and Veteran Suicide, Research Report, October 2023, p 11 (Exhibit L-01.026, DVS.2222.0001.0759).

42 Suicide Prevention Pathways, *Talking Suicide – Protective Factors*, Factsheet, 2018 (Exhibit R.01-027, DVS.4444.0001.0105).

43 Transcript, Paul Walker, Hearing Block 7, 26 October 2022, p 53-5163 [31–32].

44 Violette McGaw, 'Veteran Families with PTSD: An Insider's Perspective', PhD thesis, Monash University, 2021, p 129 (Exhibit 36-02.002, Hearing Block 5, EXP.0005.0012.0273).

45 Transcript, Violette McGaw, Hearing Block 5, 24 June 2022, p 36-3492 [3–26].

46 Transcript, Violette McGaw, Hearing Block 5, 24 June 2022, p 36-3493 [4–7].

47 Interim National Commissioner for Defence and Veteran Suicide Prevention, *Preliminary Interim Report*, September 2021, p 82 (Exhibit 01-01.13, Hearing Block 1, INQ.0000.0001.1584).

48 Interim National Commissioner for Defence and Veteran Suicide Prevention, *Preliminary Interim Report*, September 2021, p 278 [10.25] (Exhibit 01-01.13, Hearing Block 1, INQ.0000.0001.1584); National Mental Health Commission, *Review into Suicide and Self Harm Prevention Services Available to current and former serving ADF members and their families: Final report: Findings and Recommendations*, 2017, p 22 (Exhibit 01-01.008, Hearing Block 1, INQ.0000.0001.1488); Parliament of Australia, Joint Standing Committee on Foreign Affairs, Defence and Trade, *Inquiry into Transition from the Australian Defence Force (ADF)*, April 2019.

49 Transcript, Sharon Lawn, Hearing Block 4, 6 April 2022, p 26-2321 [39–41]; Transcript, Elaine Waddell, Hearing Block 4, 6 April 2022, pp 26-2317 [37] –26-2318 [4]; S Lawn and others, 'Families' Experiences of Supporting Australian Veterans and Emergency Service First Responders (ESFRs) to Seek Help for a Mental Health Problem', *Health and Social Care in the Community*, vol 30, 62022, p e4527 (Exhibit L-01.005, DVS.2222.0001.0387).

50 Transcript, Sharon Lawn, Hearing Block 4, 6 April 2022, p 26-2321 [20].

51 Interim National Commissioner for Defence and Veteran Suicide Prevention, *Preliminary Interim Report*, September 2021, p 278 [10.25] (Exhibit 01-01.13, Hearing Block 1, INQ.0000.0001.1584).

52 Transcript, Anthony Pisani, Hearing Block 3, 10 March 2022, p 19-1739 [15–23].

53 Transcript, Elaine Waddell, Hearing Block 4, 6 April 2022, p 26-2317 [29].

54 Transcript, Renee Wilson, Hearing Block 1, 1 December 2021, p 3-294 [23–27].

55 Transcript, Sharon Lawn, Hearing Block 4, 6 April 2022, p 26-2319 [35–42].

56 Transcript, Alan Woodward, Hearing Block 6, 8 August 2022, p 45-4366, [44–47].

57 Transcript, Gwen Cherne, Hearing Block 11, 31 August 2023, p 79-7631 [6–8].

58 Anne Kruger, Submission, ANON–Z1E7–QZ9G–J, p [1] of supplementary material.

59 Stephen Craig Robertson, Submission, ANON–Z1E7–QZHT–E, p [2].

60 Australian Institute of Family Studies, *The Role of the Family in the Australian Defence Force Members' Rehabilitation*, Final report, January 2016, p 1 (Exhibit 45-05.012, Hearing Block 6, DEF.0006.0002.0421).

- 61 Australian Institute of Family Studies, *The Role of the Family in the Australian Defence Force Members' Rehabilitation*, Final report, January 2016, p 7 (Exhibit 45-05.012, Hearing Block 6, DEF.0006.0002.0421).
- 62 Australian Institute of Family Studies, *The Role of the Family in the Australian Defence Force Members' Rehabilitation*, Final report, January 2016, p 11 (Exhibit 45-05.012, Hearing Block 6, DEF.0006.0002.0421).
- 63 Australian Institute of Family Studies, *The Role of the Family in the Australian Defence Force Members' Rehabilitation*, Final report, January 2016, p 11 (Exhibit 45-05.012, Hearing Block 6, DEF.0006.0002.0421).
- 64 Transcript, Alan Woodward, Hearing Block 6, 8 August 2022, p 45-4368 [23–29].
- 65 Transcript, Hearing Block 4, Sharon Lawn, 6 April 2022, p 26-2323 [13–15].
- 66 S Hamilton, Office of the Status of Women, *Supporting Service Families – A Report on the Main Problems Facing Spouses of Australian Defence Force Personnel and Some Recommended Solutions*, Report, Department of Defence, April 1986, pp 15-16 (Exhibit 72-02.007, Hearing Block 10, DEF.1197.0002.0389).
- 67 Exhibit 79-01.015, Hearing Block 11, Sandi Laaksonen-Sherrin, Witness Statement, SLS.0000.0001.0009 at 0094.
- 68 D Smart and others, *Family Wellbeing Study: Summary Report*, Department of Defence and Department of Veterans' Affairs, 2018, p 5 (Exhibit 20-03.047, Hearing Block 3, DEF.0001.0001.6356).
- 69 Transcript, Matthew Keogh, Hearing Block 12, 7 March 2024, p 89-8930 [37–44].
- 70 Exhibit 72-02.020, Hearing Block 10, Summary report of the 2022 ADF Families Survey (Draft), DEF.1167.0012.0103 at 0119.
- 71 Australian Defence Force Families Research Project, *Australian Defence Force Families Research 2019*, Report, July 2020, pp 4–9 (Exhibit 72-02.010, Hearing Block 10, DEF.1197.0004.0203).
- 72 Exhibit 72-02.020, Hearing Block 10, Summary report of the 2022 ADF Families Survey (Draft), DEF.1167.0012.0103 at 0145.
- 73 Exhibit 72-02.020, Hearing Block 10, Summary report of the 2022 ADF Families Survey (Draft), DEF.1167.0012.0103 at 0133.
- 74 Exhibit 72-02.020, Hearing Block 10, Summary report of the 2022 ADF Families Survey (Draft), DEF.1167.0012.0103 at 0161.
- 75 Exhibit 72-02.020, Hearing Block 10, Summary report of the 2022 ADF Families Survey (Draft), DEF.1167.0012.0103 at 0133–0135.
- 76 Australian Defence Force Families Research Project, *Australian Defence Force Families Research 2019*, Report, July 2020, pp 8–9 (Exhibit 72-02.010, Hearing Block 10, DEF.1197.0004.0203).
- 77 S Hamilton, Office of the Status of Women, *Supporting Service Families – a Report on the Main Problems Facing Spouses of Australian Defence Force Personnel and Some Recommended Solutions*, Report, Department of Defence, April 1986, p 25 (Exhibit 72-02.007, Hearing Block 10, DEF.1197.0002.0389).
- 78 Daragaonova and others, 2018 as cited in Exhibit F-08.050, Australian Institute of Family Studies, Submission, SUB.0000.0106.3221 at 3236. [permission to publish]
- 79 Exhibit 68-02.001, Hearing Block 10, Department of Defence, Response to Notice to Give, NTG-DEF-124, DEF.9999.0096.0001 at 0014 [42].
- 80 Name withheld, Submission, ANON-Z1E7-QW92-T.
- 81 Exhibit F-01.009, Department of Defence, Response to Notice to Give, NTG-DEF-178, DEF.9999.0133.0001 at 0008.
- 82 Australian Defence Force Families Research Project, *Australian Defence Force Families Research 2019*, Report, July 2020, p 4 (Exhibit 72-02.010, Hearing Block 10, DEF.1197.0004.0203).
- 83 G Daraganova and others, *Family Wellbeing Study: Part 1: Families of Current and Ex-Serving ADF Members: Health and Wellbeing*, Department of Defence and Department of Veterans' Affairs, 2018, p 115 (Exhibit 20-03.046, Hearing Block 3, DEF.0001.0001.5958 at 6086).
- 84 Exhibit F-01.010, Department of Defence, Response to Notice to Produce, NTP-DEF-249, Directorate of Strategic Personnel Planning and Research – A Survey of Posting Turbulence Issues in the ADF, September 2000, DEF.1249.0002.0009 at 0018.
- 85 Exhibit F-01.030, Top 10 Most Influential Factors in Making a Decision to Leave ADF 2013 to 2022, DEF.1249.0002.0079; Exhibit F-01.009, Department of Defence, Response to Notice to Give, NTG-DEF-178, DEF.9999.0133.0001 at 0009.

86 Exhibit F-01.009, Department of Defence, Response to Notice to Give, NTG-DEF-178, DEF.9999.0133.0001 at 0007.

87 Andreas Des Scheidl, Submission, ANON-Z1E7-Q174-M, p [2].

88 Suicide Prevention and Response Independent Review Committee, *Preventing Suicide in the U.S. Military: Recommendations from the Suicide Prevention and Response Independent Review Committee*, Final Report, 2022 (Exhibit L-01.006, STU.0010.0001.0283); Transcript, Andrew Moss, Hearing Block 10, 17 July 2023, p 68-6502 [20–46].

89 Transcript, Eric Young, Hearing Block 10, 17 July 2023, p 68-6505 [7–11]; Transcript, Andrew Moss, Hearing Block 10, 17 July 2023, p 68-6505 [13–16]; Transcript, Karen Ashworth, Hearing Block 10, 17 July 2023, p 68-5605 [15–19].

90 Name withheld, Submission, ANON-Z1E7-QZ3H-D, p [2].

91 Transcript, James Douglas, Hearing Block 12, 20 March 2024, pp 96-9736 [47] – 96-9737 [22].

92 Exhibit M-01.040, Response to questions on notice, Chief of Personnel LTGEN Natasha Fox, DVS.3333.0001.3353 at 3356.

93 Exhibit M-01.040, Response to questions on notice, Chief of Personnel LTGEN Natasha Fox, DVS.3333.0001.3353 at 3356 – 3358.

94 Transcript, Deputy Commanding Officer Special Air Service Regiment, Hearing Block 9, 19 May 2023, p 62-20 [44] – p 62-21 [1–3].

95 Transcript, Deputy Commanding Officer Special Air Service Regiment, Hearing Block 9, 19 May 2023, p 62-21 [10–16].

96 Transcript, Natasha Fox, Hearing Block 12, 20 March 2020, pp 96-9731 [43] – 96-9732 [8].

97 S Hamilton, Office of the Status of Women, *Supporting Service Families – A Report on the Main Problems Facing Spouses of Australian Defence Force Personnel and Some Recommended Solutions*, Report, Department of Defence, April 1986, p 21 (Exhibit 72-02.007, Hearing Block 10, DEF.1197.0002.0389).

98 Exhibit 62-01.003, Hearing Block 9, Commander Special Air Service Regiment, Redacted Witness Statement, DEF.9999.0080.0080 at 0100.

99 Australian Government, Department of Defence, *Defence Census 2019*, Public Report, November 2020, p 22 (Exhibit A-01.010, DEF.0001.0001.8031).

100 Australian Government, Department of Defence, *Defence Census 2019*, Public Report, November 2020, p 22 (Exhibit A-01.010, DEF.0001.0001.8031).

101 Australian Government, Department of Defence, *Defence Census 2019*, Public Report, November 2020, p 22 (Exhibit A-01.010, DEF.0001.0001.8031).

102 Exhibit 72-02.020, Hearing Block 10, Summary report of the 2022 ADF Families Survey (Draft), DEF.1167.0012.0103 at 0145.

103 Exhibit 72-02.020, Hearing Block 10, Summary report of the 2022 ADF Families Survey (Draft), DEF.1167.0012.0103 at 0151.

104 Dekel and others, 2005; McFarlane, 2009; Lester and Flake, 2013, cited in *Family Wellbeing Study: Part 2: Military Family Approaches to Managing Transition to Civilian Life*, Department of Defence and Department of Veterans' Affairs, 2018, p 345 (Exhibit 20-03-047, Hearing Block 3, DEF.0001.0001.6356).

105 Transcript, Violette McGaw, Hearing Block 5, 24 June 2023, p 36-3482 [38–43].

106 Name withheld, Submission, ANON-Z1E7-Q1YG-9, p [2].

107 Name withheld, Submission, ANON-Z1E7-QMAC-9, p [2].

108 Exhibit 38-02.001, Hearing Block 5, Department of Defence, Response to Notice to Give, NTG-DEF-007A, DEF.9999.0016.0060 at 0102 [7].

109 Exhibit M-01.061, Department of Defence, Form AC989, DEF.1133.0001.0255.

110 Exhibit M-01.061, Department of Defence, Form AC989, DEF.1133.0001.0255.

111 Exhibit M-01.061, Department of Defence, Form AC989, DEF.1133.0001.0255.

112 Exhibit 38-02.001, Hearing Block 5, Department of Defence, Response to Notice to Give, NTG-DEF-007A, DEF.9999.0016.0060 at 0068-0069.

113 Transcript, Rachel Baker, Hearing Block 5, 30 June 2022, p 40-3949 [36–38].

114 Transcript, Aspasia Isifidis, Hearing Block 10, 21 July 2023 p 72-6951 [5–7].

115 Australian Defence Force Families Research Project, *Australian Defence Force Families Research 2019*, Report, July 2020, p 14 (Exhibit 72-02.010, Hearing Block 10, DEF.1197.0004.0203).

116 Australian Defence Force Families Research Project, *Australian Defence Force Families Research 2019*, Report, July 2020, p 17 (Exhibit 72-02.010, Hearing Block 10, DEF.1197.0004.0203).

- 117 Australian Defence Force Families Research Project, *Australian Defence Force Families Research 2019*, Report, July 2020, p 17 (Exhibit 72-02.010, Hearing Block 10, DEF.1197.0004.0203).
- 118 Exhibit 38-02.001, Hearing Block 5, Department of Defence, Response to Notice to Give, NTG-DEF-007A, DEF.9999.0016.0060 at 0068 [24–27].
- 119 Exhibit 38-02.001, Hearing Block 5, Department of Defence, Response to Notice to Give, NTG-DEF-007A, DEF.9999.0016.0060 at 0068 [30].
- 120 Exhibit 38-02.001, Hearing Block 5, Department of Defence, Response to Notice to Give, NTG-DEF-007A, DEF.9999.0016.0060 at 0068 [30]; Exhibit 75-02.004, Hearing Block 10, Department of Defence, Response to Notice to Give, NTG-DEF-088B, DEF.9999.0086.0001 at 0014 [49].
- 121 Exhibit 75-02.004, Hearing Block 10, Department of Defence, Response to Notice to Give, NTG-DEF-088B, DEF.9999.0086.0001 at 0015.
- 122 Exhibit 38-02.001, Hearing Block 5, Department of Defence, Response to Notice to Give, NTG-DEF-007A, DEF.9999.0016.0060 at 0068 [30–33].
- 123 Exhibit 38-02.001, Hearing Block 5, Department of Defence, Response to Notice to Give, NTG-DEF-007A, DEF.9999.0016.0060 at 0136 [25].
- 124 Exhibit 38-02.001, Hearing Block 5, Department of Defence, Response to Notice to Give, NTG-DEF-007A, DEF.9999.0016.0060 at 0136 [25].
- 125 Exhibit 38-02.001, Hearing Block 5, Department of Defence, Response to Notice to Give, NTG-DEF-007A, DEF.9999.0016.0060 at 0136 [25].
- 126 Transcript, Rachel Baker, Hearing Block 5, 30 June 2022, p 40-3949 [25–35]; Exhibit 38-02.001, Hearing Block 5, Department of Defence, Response to Notice to Give, NTG-DEF-007A, DEF.9999.0016.0060 at 0069.
- 127 Exhibit 38-02.001, Hearing Block 5, Department of Defence, Response to Notice to Give, NTG-DEF-007A, DEF.9999.0016.0060 at 0069.
- 128 Exhibit 75-02.011, Hearing Block 10, Defence Member and Family Support – Coming Home from Deployment PowerPoint, ALS.1001.0002.0181 at 0184-0185.
- 129 Exhibit 75-02.011, Hearing Block 10, Defence Member and Family Support – Coming Home from Deployment PowerPoint, ALS.1001.0002.0181 at 0186-0187.
- 130 Exhibit 75-02.011, Hearing Block 10, Defence Member and Family Support – Coming Home from Deployment PowerPoint, ALS.1001.0002.0181 at 0192.
- 131 Exhibit 96-01.011, Hearing Block 12, Department of Defence, NTG-DEF-191, DEF.9999.0177.0001 at 0044, Table 18.1.
- 132 Exhibit 96-01.011, Hearing Block 12, Department of Defence, NTG-DEF-191, DEF.9999.0177.0001 at 0044, Table 18.1.
- 133 Exhibit HH-01.002, Pay and Conditions Manual – Chapter 8, Part 5: Emergency Support for Families Scheme, DVS.5555.0001.0146 at 0148.
- 134 Exhibit 72-02.001, Hearing Block 10, Department of Defence, Response to Notice to Give, NTG-DEF-154A, DEF.9999.0103.0001 at 0036.
- 135 Exhibit 72-02.001, Hearing Block 10, Department of Defence, Response to Notice to Give, NTG-DEF-154A, DEF.9999.0103.0001 at 0036.
- 136 Exhibit 38-02.001, Hearing Block 5, Department of Defence, Response to Notice to Give, NTG-DEF-007A, DEF.9999.0016.0060 at 0143 [147–149].
- 137 Exhibit 38-02.001, Hearing Block 5, Department of Defence, Response to Notice to Give, NTG-DEF-007A, DEF.9999.0016.0060 at 0143 [148–149].
- 138 Exhibit 75-02.003, Hearing Block 10, Department of Defence, Response to Notice to Give, NTG-DEF-088A, DEF.9999.0078.0021 at .0021 [168].
- 139 Exhibit 40-03.007, Hearing Block 5, Department of Defence, Response to Notice to Produce, NTP-DEF-027, Homecoming Guide, DEF.1027.0002.0295 at .0302-0303.
- 140 Exhibit 40-03.007, Hearing Block 5, Homecoming Guide, DEF.1027.0002.0295 at 0303.
- 141 Exhibit 38-02.001, Hearing Block 5, Department of Defence, Response to Notice to Give, NTG-DEF-007A, DEF.9999.0016.0060 at 0143 [146].
- 142 Exhibit 75-02.003, Hearing Block 10, Department of Defence, Response to Notice to Give, NTG-DEF-088A, DEF.9999.0078.0021 at .0058 [179].
- 143 D Dunt, *Review of Mental Health Care in the ADF and Transition through Discharge*, January 2009, p 86 (Exhibit 01-01.001, Hearing Block 1, INQ.0000.0001.2000).
- 144 The Senate, Foreign Affairs, Defence and Trade References Committee, *Mental Health of Australian Defence Force Members and Veterans*, March 2016, p 43.

- 145 The Senate, Foreign Affairs, Defence and Trade References Committee, *Mental Health of Australian Defence Force Members and Veterans*, March 2016, p 43.
- 146 Transcript, Isaac Adams, Hearing Block 1, 3 December 2021, p 5-422 [39–43].
- 147 Transcript, Glenda Weston, Hearing Block 2, 15 February 2022, p 12-1058 [5–9].
- 148 Exhibit 75-02.004, Hearing Block 10, Department of Defence, Response to Notice to Give, NTG-DEF-088B, DEF.9999.0086.0001 at .0050 [169].
- 149 D Dunt, *Review of Mental Health Care in the ADF and Transition through Discharge*, January 2009, p 86 (Exhibit 01-01.001, Hearing Block 1, INQ.0000.0001.2000).
- 150 A McFarlane, 'Military Deployment: The Impact of Children and Family Adjustment and the Need for Care,' *Current Opinion in Psychiatry*, vol 22, 369, University of Adelaide, p 370 (Exhibit L-01.002, DVS.2222.0001.0382).
- 151 RL Coley, 'Is Moving during Childhood Harmful?' *How Housing Matters*, Policy Research Brief, MacArthur Foundation, 2016, pp 1 (Exhibit L-01.003, DVS.2222.0001.0410).
- 152 A Huebner and J Mancini, *Adjustments Among Adolescents in military Families When a Parent is Deployed*, Military Family Research Institute and Department of Defense Quality of Life Office, Final Report, June 2005, p 34 (Exhibit R-01.031, DVS.4444.0001.0188).
- 153 Exhibit 68-02.001, Hearing Block 10, Department of Defence, Response to Notice to Give, DEF.9999.0096.0001 at 0025 – 0026.
- 154 G Daraganova and others, *Family Wellbeing Study: Part 1: Families of Current and Ex-serving ADF Members: Health and Wellbeing*, Department of Defence and Department of Veterans' Affairs, October 2018, p 4 (Exhibit 35-01.010, Hearing Block 5, p 117, EXP.0005.0015.0008); D Smart and others, *Family Wellbeing Study: Summary Report*, Report, Department of Defence and Department of Veterans' Affairs, 2018, p 8 (Exhibit 20-03.047, Hearing Block 3, DEF.0001.0001.6356).
- 155 D Smart and others, *Family Wellbeing Study: Summary Report*, Report, Department of Defence and Department of Veterans' Affairs, 2018, p 11 (Exhibit 20-03.047, Hearing Block 3, DEF.0001.0001.6356).
- 156 Transcript, Major General Natasha Fox, Hearing Block 12, 20 March 2024, p 96-9731 [43] – 96-9732 [50].
- 157 Transcript, Wade Stothart, Hearing Block 10, 21 July 2023, p 72-6939 [43] – p 72-6930 [11].
- 158 Exhibit 79-01.021, Hearing Block 11, Defence Families of Australia comments on Defence People Group testimony during Hearing Block 10, GCH.0000.0001.0034_R at 0038.
- 159 Transcript, Isaac Adams, Hearing Block 1, 3 December 2021, p 5-426 [3–16].
- 160 Transcript, Ben Edwards, Hearing Block 5, 23 June 2022, p 35-3333 [40–45].
- 161 Exhibit 72-02.001, Hearing Block 10, Department of Defence, Response to Notice to Give, NTG-DEF-154A, DEF.9999.0103.0001, Table 2.1.
- 162 Exhibit 72-02.001, Hearing Block 10, Department of Defence, Response to Notice to Give, NTG-DEF-154A, DEF.9999.0103.0001, Table 2.1.
- 163 Exhibit F-05.011, Department of Veterans' Affairs, Response to Give, NTG-DVA-047, DVA.9999.0060.0002 at 0011.
- 164 Transcript, Jennifer Veitch, Hearing Block 7, 26 October 2022, p 53-5170 [45-47]; Exhibit 53-03.003, Hearing Block 7, Department of Veterans' Affairs, Response to Notice to Give, NTG-OPA-001, OPA.0000.0001.0001 at 0001.
- 165 Exhibit F-05.011, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-047, DVA.9999.0060.0002 at 0012.
- 166 Transcript, Violette McGaw, Hearing Block 5, 24 June 2022, p– 36-3497 [3–5].
- 167 Transcript, Violette McGaw, Hearing Block 5, 24 June 2022, pp– 36-3501 [44–47], 36–3502 [1–7].
- 168 Transcript, Jennifer Veitch, Hearing Block 7, 26 October 2022, p 53-5170 [45-47]
- 169 Transcript, Jennifer Veitch, Hearing Block 7, 26 October 2022, pp 53-5186 [8–10] – 53-5187 [1–12].
- 170 Exhibit 72-02.001, Hearing Block 10, Department of Defence, Response to Notice to Give, NTG-DEF-154A, DEF.9999.0103.0001 at 0041 [120].
- 171 Exhibit 72-02.001, Hearing Block 10, Department of Defence, Response to Notice to Give, NTG-DEF-154A, DEF.9999.0103.0001 at 0041 [120].
- 172 Exhibit 72-02.001, Hearing Block 10, Department of Defence, Response to Notice to Give, NTG-DEF-154A, DEF.9999.0103.0001 at 0041 [120].
- 173 Exhibit 72-02.001, Hearing Block 10, Department of Defence, Response to Notice to Give, NTG-DEF-154A, DEF.9999.0103.0001, Table 13.1.

- 174 Exhibit R-01.005, Defence Childcare Review, Defence Community Organisation, June 2014, DEF.1310.0001.0135 at 0171.
- 175 Transcript, Heath Jay Robertson, Hearing Block 9, 22 May 2023, p 63-6083 [5–17]; Transcript, Eric Young, Hearing Block 10, 17 July 2023, p 68-6536 [16–29]; Transcript, Wade Stothart, Hearing Block 10, 21 July 2023, p 72-6954 [19–32].
- 176 Australian Government, Department of Defence, *Defence Census 2019*, Public Report, November 2020, p 30 (Exhibit A-01.010, DEF.0001.0001.8031).
- 177 Department of Defence, *Women in the Australian Defence Force 2021–2022 – Ten Years in Review*, Annual Report, 2022, p 34 (Exhibit 73-01.039, Hearing Block 10, DEF.1167.0006.0939).
- 178 Department of Defence, *Women in the Australian Defence Force 2021–2022 – Ten Years in Review*, Annual Report, 2022, p 34 (Exhibit 73-01.039, Hearing Block 10, DEF.1167.0006.0939).
- 179 Department of Defence, *Women in the Australian Defence Force 2021–2022 – Ten Years in Review*, Annual Report, 2022, p 34 (Exhibit 73-01.039, Hearing Block 10, DEF.1167.0006.0939).
- 180 Department of Defence, *Women in the Australian Defence Force 2021–2022 – Ten Years in Review*, Annual Report, 2022, p 25 (Exhibit 73-01.039, Hearing Block 10, DEF.1167.0006.0939); Exhibit R-01.005, Defence Childcare Review, Defence Community Organisation, June 2014, DEF.1310.0001.0135 at 0139; Exhibit L-01.011, DMFS Family Support Scoping Study Executive Summary, 29 November 2022, DEF.1197.0011.0816 at 0830; Australian Defence Force Families Research Project, *Australian Defence Force Families Research 2019*, Report, July 2020, p 8 (Exhibit 72-02.010, Hearing Block 10, DEF.1197.0004.0203); Exhibit 72-02.020, Hearing Block 10, Summary report of the 2022 ADF Families Survey (Draft), DEF.1167.0012.0103 at 0135.
- 181 Department of Defence, *Women in the Australian Defence Force 2021–2022 – Ten Years in Review*, Annual Report, 2022, p 34 (Exhibit 73-01.039, Hearing Block 10, DEF.1167.0006.0939).
- 182 Transcript, Heath Jay Robertson, Day 4, Hearing Block 9, 22 May 2023, p 63-6084 [38–44].
- 183 Transcript, Hearing Block 4, Angela Maguire, 12 April 2022, p 29-2688 [33–44].
- 184 Transcript, Hearing Block 4, Angela Maguire, 12 April 2022, p 29-2694 [8–12].
- 185 Exhibit 72-02.001, Hearing Block 10, Department of Defence, Response to Notice to Give, NTG-DEF-154A, DEF.9999.0103.0001 at 0013.
- 186 Transcript, Wade Stothart, Hearing Block 10, 21 July 2023, p 72-6953 [22–34].
- 187 Exhibit 72-02.001, Hearing Block 10, Department of Defence, Response to Notice to Give, NTG-DEF-154A, DEF.9999.0103.0001 at 0117 [328].
- 188 Transcript, Wade Stothart, Hearing Block 10, 21 July 2023, p 72-6948 [30–46].
- 189 Transcript, Heath Jay Robertson, Hearing Block 9, 22 May 2023, p 63-6084 [5–17].
- 190 Exhibit F-01.009, Department of Defence, Response to Notice to Give, NTG-DEF-178, DEF.9999.0133.0001 at 0009.
- 191 Exhibit 49-02.001, Hearing Block 7, R2T2 Initiatives – Attachment B to Final Report dated 9 September 2022, DEF.1061.0003.0003 at 0023.
- 192 Exhibit 96-01.011, Hearing Block 12, Department of Defence, Response to Notice to Give, NTG-DEF-191, DEF.9999.0177.0001 at 0030.
- 193 Productivity Commission, *A Path to Universal Early Childhood Education and Care – Draft Report*, November 2023 (Exhibit R-01.022, DVS.4444.0001.0001).
- 194 Transcript, Angus Campbell, Hearing Block 12, 28 March 2024, p 101-10302 [47] – 10303 [5].
- 195 Exhibit F-01.010, Directorate of Strategic Personnel Planning and Research – A Survey of Posting Turbulence Issues in the ADF, September 2000, DEF.1249.0002.0009 at 0018.
- 196 Exhibit 72-02.020, Hearing Block 10, Summary report of the 2022 ADF Families Survey (Draft), DEF.1167.0012.0103 at 0135.
- 197 Sue Hamilton, Assistant Secretary, Office of the Status of Women, *Supporting Service Families – A report on the main problems facing spouses of Australian Defence Force personnel and some recommended solutions*, April 1986, p 41 (Exhibit 72-02.007, Hearing Block 10, DEF.1197.0002.0389).
- 198 Suicide Prevention Pathways, *Talking Suicide – Protective Factors*, Factsheet, 2018 (Exhibit R.01-027, DVS.4444.0001.0105).
- 199 Exhibit L-01.011, DMFS Family Support Scoping Study Executive Summary, 29 November 2022, DEF.1197.0011.0816 at 0827.

200 Australian Defence Force Families Research Project, *Australian Defence Force Families Research 2019*, Report, July 2020, p 4 (Exhibit 72-02.010, Hearing Block 10, DEF.1197.0004.0203 at 0255).

201 Australian Defence Force Families Research Project, *Australian Defence Force Families Research 2019*, Report, July 2020, p 54 (Exhibit 72-02.010, Hearing Block 10, DEF.1197.0004.0203).

202 Exhibit 72-02.020, Hearing Block 10, Summary report of the 2022 ADF Families Survey (Draft), DEF.1167.0012.0103 at 0145.

203 Transcript, Renee Wilson, Hearing Block 1, 1 December 2021, p 3-290 [40–13].

204 Exhibit F-08.050, Australian Institute of Family Studies, Submission, SUB.0000.0106.3221 at 3231. [permission to publish]

205 Exhibit L-01.011, Department of Defence, DMFS Family Support Scoping Study Executive Summary, 29 November 2022, DEF.1197.0011.0816 at 0827.

206 Exhibit 62-04.004, Hearing Block 9, Deputy Commander Special Air Service Regiment, Witness Statement, DEF.9999.0080.0108 at 0116.

207 Exhibit 62-01.003, Hearing Block 9, Commander Special Air Service Regiment, Witness Statement, DEF.9999.0080.0080 at 0106.

208 Exhibit 96-01.011, Hearing Block 12, Department of Defence, Response to Notice to Give, NTG-DEF-191, DEF.9999.0177.0001 at 0053 – 0054, Table 24.1.

209 Exhibit 72-02.001, Hearing Block 10, Department of Defence, Response to Notice to Give, NTG-DEF-154A, DEF.9999.0103.0001 at 0034, Table 10.1.

210 Exhibit R-01.010, *Proximity, Defence Community Organisation, Partner Employment Review*, July 2019, DEF.1197.0011.0258 at 0259, 0281.

211 Exhibit L-01.011, DMFS Family Support Scoping Study Executive Summary, 29 November 2022, DEF.1197.0011.0816 at 0841.

212 Transcript, Natasha Fox, Hearing Block 12, 20 March 2024, pp 96-9731 [43] – 9732 [3].

213 Exhibit 68-02.022, Hearing Block 10, Defence Strategic Review, DEF.1197.0002.0179 at 0265.

214 Interim National Commissioner for Defence and Veteran Suicide Prevention, *Preliminary Interim Report*, 2021, p 32 (Exhibit 01-01.013, Hearing Block 1, INQ.0000.0001.1584).

215 Transcript, Natasha Fox, Hearing Block 12, 20 March 2024, p 96-9677 [22–24].

216 Transcript, Natasha Fox, Hearing Block 12, 20 March 2024, p 96-9691 [15-24].

217 Transcript, Hearing Block 4, Gabriella Rubagotti, 12 April 2022, p 29-2672 [22–24].

218 Transcript, Hearing Block 4, Dr Angela Maguire, 12 April 2022, p 29-2682 [36–42].

219 See, e.g., Berle and Steel, 2015; Bowling and Sherman, 2008, cited in *Family Wellbeing Study: Part 2: Military Family Approaches to Managing Transition to Civilian Life*, Department of Defence and Department of Veterans' Affairs, 2018, p 17 (Exhibit 20-03-047, Hearing Block 3, DEF.0001.0001.6356).

220 G Daraganova and others, *Family Wellbeing Study: Part 1: Families of Current and Ex-Serving ADF Members: Health and Wellbeing*. Department of Defence and Department of Veterans' Affairs, 2018 and Muir S, *Family Wellbeing Study: Part 2: Military Family Approaches to Managing Transition to Civilian Life*, Department of Defence and Department of Veterans' Affairs, 2018 (Exhibit 03-01.012, Hearing Block 1, DFA.0000.0001.0130).

221 *Family Wellbeing Study: Part 2: Military Family Approaches to Managing Transition to Civilian Life*, Department of Defence and Department of Veterans' Affairs, 2018, p 17 (Exhibit 20-03-047, Hearing Block 3, DEF.0001.0001.6356).

222 Department of Defence and Department of Veterans' Affairs, *Transition Taskforce: Improving the Transition Experience*, 2018, p 6 (Exhibit 21-01.001, Hearing Block 3, AWW.0000.0001.0697).

223 Department of Defence and Department of Veterans' Affairs, *Transition Taskforce: Improving the Transition Experience*, 2018, p 47 (Exhibit 21-01.001, Hearing Block 3, AWW.0000.0001.0697).

224 Department of Defence and Department of Veterans' Affairs, *Transition Taskforce: Improving the Transition Experience*, 2018, p 64 (Exhibit 21-01.001, Hearing Block 3, AWW.0000.0001.0697).

225 Exhibit 79-01.015, Hearing Block 11, Sandi Laaksonen-Sherrin, Witness Statement, SLS.0000.0001.0009 at 0085.

226 Exhibit 62-01.003, Hearing Block 9, Commander Special Air Service Regiment, Redacted Witness Statement, DEF.9999.0080.0080 at 0105.

- 227 Transcript, Andrea Phelps, Hearing Block 1, 8 December 2021, p 8-769 [25–28]; Exhibit 87-02.040, Hearing Block 12, Department of Defence, Response to Notice to Give, NTG-DEF-289, DEF.1289.0001.0001 at 0003.
- 228 Australian Institute of Health and Welfare, *Serving and Ex-serving Australian Defence Force Members who have served since 1985: suicide monitoring 1997 to 2020, 2022* (Exhibit 69-03.022, Hearing Block 10, DEF.1167.0004.0136).
- 229 Exhibit N-01.030, Australian Bureau of Statistics, Census of Population and Housing 2021, customised data report on Registered Marital Status using ABS Table builder, DVS.3333.0001.3391. Note, the ABS definition excludes de-facto couples, so these figures only represent those married and therefore is not the full picture of couples in long-term relationships and the cumulative separation rate.
- 230 Exhibit 87-02.040, Hearing Block 12, Department of Defence, Response to Notice to Give, NTG-DEF-289, DEF.1289.0001.0001 at 0002.
- 231 Exhibit 87-02.040, Hearing Block 12, Department of Defence, Response to Notice to Give, NTG-DEF-289, DEF.1289.0001.0001 at 0003.
- 232 Exhibit 87-02.040, Hearing Block 12, Department of Defence, Response to Notice to Give, NTG-DEF-289, DEF.1289.0001.0001 at 0003.
- 233 Exhibit 87-02.040, Hearing Block 12, Department of Defence, Response to Notice to Give, NTG-DEF-289, DEF.1289.0001.0001 at 0003.
- 234 PFLR 28, Families, Commonwealth Response, PFL.0030.0002.0001.
- 235 Exhibit 72-02.003, Department of Defence, Response to Notice to Give, NTG-DEF-154B, DEF.9999.0102.0001 at 0009.
- 236 Australian Psychological Society, *Analysing Australia's Mental Health Crisis*, webpage, last updated 1 March 2023, accessed 22 April 2024, www.psychology.org.au/about-us/news-and-media/aps-in-the-media/2023/analysing-australias-mental-health-crisis, viewed 22 April 2024 (Exhibit R-01.029, DVS.4444.0001.0109).
- 237 Exhibit 72-02.003, Department of Defence, Response to Notice to Give, NTG-DEF-154B, DEF.9999.0102.0001 at 0012 [24].
- 238 Australian Institute of Family Studies, *Strengthening Defence and Veteran Couple Relationships Through Relationship Education*, Final report, September 2023, p 1 (Exhibit R-01.020, DVA.5068.0001.0928).
- 239 Australian Institute of Family Studies, *Strengthening Defence and Veteran Couple Relationships Through Relationship Education*, Final report, September 2023, p 1–2 (Exhibit R-01.020, DVA.5068.0001.0928).
- 240 Transcript, Bernadette Boss, Hearing Block 1, 30 November 2021, pp 2-2144 [22–47] – 2145 [1–18].
- 241 S Hamilton, Office of the Status of Women, *Supporting Service Families – A Report on the Main Problems Facing Spouses of Australian Defence Force Personnel and Some Recommended Solutions*, Report, Department of Defence, April 1986, p 15 (Exhibit 72-02.007, Hearing Block 10, DEF.1197.0002.0389).
- 242 Interim National Commissioner for Defence and Veteran Suicide Prevention, *Preliminary Interim Report*, 2021, p 19 (Exhibit 01-01.013, Hearing Block 1, INQ.0000.0001.1584).
- 243 National Mental Health Commission *Review into Suicide and Self Harm Prevention Services Available to current and former serving ADF members and their families: Final report: Findings and Recommendations*, 2017, p 22 (Exhibit 01–01.008, Hearing Block 1, INQ.0000.0001.1488).
- 244 Relationships Australia, Submission, ANON-Z1E7-QXMP-D, p [2].
- 245 Relationships Australia, Submission, ANON-Z1E7-QXMP-D, p [2].
- 246 Australian Institute of Family Studies, *Strengthening Defence and Veteran Couple Relationships Through Relationship Education*, Final report, September 2023, p 2 (Exhibit R-01.020, DVA.5068.0001.0928).
- 247 Transcript, Wade Stothart, Hearing Block 10, 21 July 2023, p 72-6957 [32–39].
- 248 Respect Victoria, *Summarising the Evidence – Men's Intimate Partner Violence against Women*, undated, p 2 (Exhibit RR-01.006, DVS.6666.0001.5445).
- 249 Respect Victoria, *Summarising the Evidence – Men's Intimate Partner Violence against Women*, undated, p 3 (Exhibit RR-01.006, DVS.6666.0001.5445).
- 250 Cowlinshaw and others, 'Intimate Partner Violence (IPV) in Military and Veteran Populations: A Systematic Review of Population-Based Surveys and Population Screening Studies', *International Journal of Environmental Research and Public Health*, vol 19, 14, 2002, p 18.

- 251 See generally Cowlshaw and others, *Intimate Partner Violence among current and ex-serving Australian Defence Force personnel and families: Transition and Wellbeing Research Programme Secondary Analyses Project*, Department of Defence and Department of Veterans' Affairs, Final report, February 2023, p 15 (Exhibit RR-01.004, DVS.6666.0001.5300).
- 252 Belik and others, 2009 as cited in Cowlshaw and others, *Intimate Partner Violence Among Current and Ex-serving Australian Defence Force Personnel and Families: Transition and Wellbeing Research Programme Secondary Analyses Project*, Department of Defence and Department of Veterans' Affairs, Final report, February 2023, p 16 (Exhibit RR-01.004, DVS.6666.0001.5300).
- 253 Robert J Ursano and others, 'Documented Family Violence and Risk of Suicide Attempt Among U.S. Army Soldiers', *Pyschiatry Res.*, vol 262, 2018, p 1026.
- 254 Robert J Ursano and others, 'Documented Family Violence and Risk of Suicide Attempt Among U.S. Army Soldiers', *Pyschiatry Res.*, vol 262, 2018, p 1029.
- 255 Australia's National Research Organisation for Women's Safety, *Children and Young People's Mental Health and Domestic and Family Violence: What's the Link?*, Evidence brief for policy and practice, 2022, p 4 (Exhibit 41-01.010, Hearing Block 6, EXP.0006.0012.1014).
- 256 Australia's National Research Organisation for Women's Safety, *Children and Young People's Mental Health and Domestic and Family Violence: What's the Link?*, Evidence brief for policy and practice, 2022, p 3 (Exhibit 41-01.010, Hearing Block 6, EXP.0006.0012.1014).
- 257 Australia's National Research Organisation for Women's Safety, *Children and Young People's Mental Health and Domestic and Family Violence: What's the Link?*, Evidence brief for policy and practice, 2022, p 4 (Exhibit 41-01.010, Hearing Block 6, EXP.0006.0012.1014).
- 258 Robert J Ursano and other, 'Documented Family Violence and Risk of Suicide Attempt Among U.S. Army Soldiers', *Pyschiatry Res.*, vol 262, 2018, p 2.
- 259 Robert J Ursano and others, 'Documented Family Violence and Risk of Suicide Attempt Among U.S. Army Soldiers', *Pyschiatry Res.*, vol 262, 2018, pp 2, 8.
- 260 Belik and others, 2009 as cited in Robert J Ursano and other, 'Documented Family Violence and Risk of Suicide Attempt Among U.S. Army Soldiers', *Pyschiatry Res.*, vol 262, 2018, p 9.
- 261 Robert J Ursano and others, 'Documented Family Violence and Risk of Suicide Attempt Among U.S. Army Soldiers', *Pyschiatry Res.*, vol 262, 2018, pp 2, 9.
- 262 Exhibit 16-01.033, Hearing Block 3, Department of Defence, *Domestic and Family Violence in the Australian Army: a Preliminary Investigation into its Prevalence and Impact in Townsville*, DEF.1000.8001.4850.
- 263 Exhibit 16-01.033, Hearing Block 3, Department of Defence, *Domestic and Family Violence in the Australian Army: a Preliminary Investigation into its Prevalence and Impact in Townsville*, DEF.1000.8001.4850 at 4854.
- 264 Exhibit RR-01.014, Navy Family and Domestic Violence Strategy 2016, DEF.1024.0002.0044; Chief of Army Directive 28-16: the Army Family and Domestic Violence Plan, August 2016, ACA.1001.0005.1269.
- 265 Chief of Army Directive 28-16: the Army Family and Domestic Violence Plan, August 2016, ACA.1001.0005.1269 at 1269.
- 266 Department of Defence, *Defence Family and Domestic Violence Strategy 2017–2022*, 2017, p 2 (Exhibit 72-02.008, DEF.1197.0002.0295).
- 267 Cowlshaw and others, *Intimate Partner Violence Among Current and Ex-Serving Australian Defence Force Personnel and Families: Transition and Wellbeing Research Programme Secondary Analyses Project*, Department of Defence and Department of Veterans' Affairs, Final report, February 2023 (Exhibit RR-01.004, DVS.6666.0001.5300).
- 268 Cowlshaw and others, *Intimate Partner Violence Among Current and Ex-Serving Australian Defence Force Personnel and Families: Transition and Wellbeing Research Programme Secondary Analyses Project*, Department of Defence and Department of Veterans' Affairs, Final report, February 2023, p 93 (Exhibit RR-01.004, DVS.6666.0001.5300).
- 269 Cowlshaw and others, *Intimate Partner Violence Among Current and Ex-Serving Australian Defence Force Personnel and Families: Transition and Wellbeing Research Programme Secondary Analyses Project*, Department of Defence and Department of Veterans' Affairs, Final report, February 2023, p 89 (Exhibit RR-01.004, DVS.6666.0001.5300).
- 270 Cowlshaw and others, *Intimate Partner Violence Among Current and Ex-Serving Australian Defence Force Personnel and Families: Transition and Wellbeing Research Programme Secondary Analyses Project*, Department of Defence and Department of Veterans' Affairs, Final report, February 2023, p 89 (Exhibit RR-01.004, DVS.6666.0001.5300).

- 271 Cowlshaw and others, *Intimate Partner Violence Among Current and Ex-Serving Australian Defence Force Personnel and Families: Transition and Wellbeing Research Programme Secondary Analyses Project*, Department of Defence and Department of Veterans' Affairs, Final report, February 2023, p 89 (Exhibit RR-01.004, DVS.6666.0001.5300).
- 272 Cowlshaw and others, *Intimate Partner Violence Among Current and Ex-Serving Australian Defence Force Personnel and Families: Transition and Wellbeing Research Programme Secondary Analyses Project*, Department of Defence and Department of Veterans' Affairs, Final report, February 2023, p 89 (Exhibit RR-01.004, DVS.6666.0001.5300).
- 273 Cowlshaw and others, *Intimate Partner Violence Among Current and Ex-Serving Australian Defence Force Personnel and Families: Transition and Wellbeing Research Programme Secondary Analyses Project*, Department of Defence and Department of Veterans' Affairs, Final report, February 2023, p 93 (Exhibit RR-01.004, DVS.6666.0001.5300).
- 274 Cowlshaw and others, *Intimate Partner Violence Among Current and Ex-Serving Australian Defence Force Personnel and Families: Transition and Wellbeing Research Programme Secondary Analyses Project*, Department of Defence and Department of Veterans' Affairs, Final report, February 2023, p 93 (Exhibit RR-01.004, DVS.6666.0001.5300).
- 275 Cowlshaw and others, *Intimate Partner Violence Among Current and Ex-Serving Australian Defence Force Personnel and Families: Transition and Wellbeing Research Programme Secondary Analyses Project*, Department of Defence and Department of Veterans' Affairs, Final report, February 2023, p 93 (Exhibit RR-01.004, DVS.6666.0001.5300).
- 276 Cowlshaw and others, *Intimate Partner Violence Among Current and Ex-Serving Australian Defence Force Personnel and Families: Transition and Wellbeing Research Programme Secondary Analyses Project*, Department of Defence and Department of Veterans' Affairs, Final report, February 2023, pp 8–9 (Exhibit RR-01.004, DVS.6666.0001.5300).
- 277 Cowlshaw and others, *Intimate Partner Violence Among Current and Ex-Serving Australian Defence Force Personnel and Families: Transition and Wellbeing Research Programme Secondary Analyses Project*, Department of Defence and Department of Veterans' Affairs, Final report, February 2023, p 8 (Exhibit RR-01.004, DVS.6666.0001.5300).
- 278 Exhibit RR-01.001, Ministerial Brief for Action – Defence Strategy for Preventing and Responding to Family Violence 2023-28, MKE.0002.0001.4837 at 4838.
- 279 Exhibit 14-01, Hearing Block 2, Gwen Cherne, Witness Statement, GCH.0000.0001.0001_R.
- 280 Name withheld, Submission, ANON-Z1E7-QQ69-R, p [3].
- 281 Name withheld, Submission, ANON-Z1E7-QQ69-R, p [4].
- 282 Exhibit RR-01.001, Ministerial Brief for Action – Defence Strategy for Preventing and Responding to Family Violence 2023-28, MKE.0002.0001.4837 at 4843.
- 283 Defence, *Defence Strategy for Preventing and Responding to Family and Domestic Violence 2023–2028*, 2022, p 3 (Exhibit RR-01.013, DEF.1310.0001.2698).
- 284 Defence, *Defence Strategy for Preventing and Responding to Family and Domestic Violence 2023–2028*, 2022, p 7 (Exhibit RR-01.013, DEF.1310.0001.2698).
- 285 Defence, *Defence Strategy for Preventing and Responding to Family and Domestic Violence 2023–2028*, 2022, p 8 (Exhibit RR-01.013, DEF.1310.0001.2698).
- 286 Exhibit RR-01.001, Ministerial Brief for Action – Defence Strategy for Preventing and Responding to Family Violence 2023-28, MKE.0002.0001.4837 at 4838.
- 287 Exhibit 79-01.022, Hearing Block 11, Defence Families of Australia, *Issues Paper ADF Families and Domestic Violence*, GCH.0000.0001.0050 at 0052.
- 288 Exhibit 79-01.022, Hearing Block 11, Defence Families of Australia, *Issues Paper ADF Families and Domestic Violence*, GCH.0000.0001.0050 at 0052.
- 289 Exhibit 79-01.022, Hearing Block 11, Defence Families of Australia, *Issues Paper ADF Families and Domestic Violence*, GCH.0000.0001.0050 at 0054-0055, 0057-0060.
- 290 Defence, *Defence Strategy for Preventing and Responding to Family and Domestic Violence 2023–2028*, 2022, p 10 (Exhibit RR-01.013, DEF.1310.0001.2698).
- 291 Transcript, Aspasia Isofides, Hearing Block 10, 21 July 2023, p 72-6959 [2–10].
- 292 Transcript, Wade Stothart, Hearing Block 10, 21 July 2023, p 72-6992 [15–22].
- 293 Exhibit 82-03.036, Day 82, Military Personnel Policy Manual ACA.1001.0005.2002 at 2682 (AL 20).
- 294 Exhibit RR-01.001, Ministerial Brief for Action – Defence Strategy for Preventing and Responding to Family Violence 2023-28, MKE.0002.0001.4837 at 4842.
- 295 Exhibit RR-01.001, Ministerial Brief for Action – Defence Strategy for Preventing and Responding to Family Violence 2023-28, MKE.0002.0001.4837 at 4842.

296 Exhibit UU-01.009, Questions on Notice Arising out of the Evidence of Vice Chief of the
Defence Force, DVS.6666.0001.5466 at 5466.

297 Exhibit RR-01.001, Ministerial Brief for Action – Defence Strategy for Preventing and
Responding to Family Violence 2023-28, MKE.0002.0001.4837 at 4842.

298 Attorney-General's Department, 'National Domestic Violence Order Scheme', webpage,
www.ag.gov.au/families-and-marriage/families/family-violence/national-domestic-violence-
order-scheme, viewed 13 June 2024 (Exhibit RR-01.012, DVS.6666.0001.5470).

299 Attorney-General's Department, 'National Domestic Violence Order Scheme', webpage,
www.ag.gov.au/families-and-marriage/families/family-violence/national-domestic-violence-
order-scheme, viewed 13 June 2024 (Exhibit RR-01.012, DVS.6666.0001.5470).

300 Attorney-General's Department, 'National Domestic Violence Order Scheme', webpage,
www.ag.gov.au/families-and-marriage/families/family-violence/national-domestic-violence-
order-scheme, viewed 13 June 2024 (Exhibit RR-01.012, DVS.6666.0001.5470).

301 Exhibit 72-02.001, Hearing Block 10, Department of Defence, Response to Notice to Give,
NTG-DEF-154A, DEF.9999.0103.0001 at .0007, 0009.

302 Exhibit 72-02.001, Hearing Block 10, Department of Defence, Response to Notice to Give,
NTG-DEF-154A, DEF.9999.0103.0001 at 0033-0040.

303 Exhibit HH-01.004, DMFS Helpline for ADF members and families factsheet,
DEF.1027.0001.1748.

304 Exhibit 96-01.011, Hearing Block 12, Department of Defence, Response to Notice to Give,
NTG-DEF-191, DEF.9999.0177.0001 at 0067, Table 30.1.

305 Exhibit R-01.024, DMFS Communication Strategy, DEF.1375.0001.0157 at 0162.

306 Exhibit 72-02.014, Hearing Block 10, Defence Member and Family Support Strategy
2022–2023, DEF.1197.0002.0111 at 0116.

307 Exhibit L-01.001, DMFS Family Support Scoping Study Executive Summary,
29 November 2022, DEF.1197.0011.0816 at 0819.

308 Exhibit 96-01.011, Hearing Block 12, Department of Defence, Response to Notice to Give,
NTG-DEF-191, DEF.9999.0177.0001 at 0433, 0438.

309 S Hamilton, Office of the Status of Women, *Supporting Service Families – A Report on
the Main Problems Facing Spouses of Australian Defence Force Personnel and Some
Recommended Solutions*, Report, Department of Defence, April 1986, p 25 (Exhibit 72-02.007,
Hearing Block 10, DEF.1197.0002.0389).

310 Transcript, Natasha Fox, Hearing Block 12, 20 March 2024, p 96-9732 [24–28].

311 Exhibit 91-02.002, Hearing Block 12, Robert Chipman, Witness Statement,
ROC.0001.0001.0001 at 0024.

312 Transcript, Aspasia Isofidis, Hearing Block 10, 21 July 2023, p 72-6959 [43–50].

313 Exhibit 79-01.015, Hearing Block 11, Sandi Laaksonen-Sherrin, Witness Statement,
SLS.0000.0001.0009 at 0077.

314 Transcript, Rachel Baker, Hearing Block 10, 21 July 2023, p 72-6962 [11–12].

315 Name withheld, Submission, ANON-Z1E7-QWRK-C, p [3–4].

316 Transcript, Aspasia Isofidis, Hearing Block 10, 21 July 2023, p 72-6959 [38–47].

317 Exhibit 72-02.020, Hearing Block 10, Summary report of the 2022 ADF Families Survey (Draft),
DEF.1167.0012.0103 at .0155.

318 Exhibit 72-02.001, Hearing Block 10, Department of Defence, Response to Notice to Give,
NTG-DEF-154A, DEF.9999.0103.0001 at 0042.

319 Exhibit 72-02.001, Hearing Block 10, Department of Defence, Response to Notice to Give,
NTG-DEF-154A, DEF.9999.0103.0001 at 0044.

320 Exhibit 72-02.001, Hearing Block 10, Department of Defence, Response to Notice to Give,
NTG-DEF-154A, DEF.9999.0103.0001 at 0042.

321 PFLR 28, Families, Commonwealth Response, PFL.0030.0002.0022 at 0022.

322 Exhibit 79-01.015, Hearing Block 11, Sandi Laaksonen-Sherrin, Witness Statement,
SLS.0000.0001.0009 at 0076-0077.

323 Transcript, Rachel Baker, Hearing Block 10, 21 July 2023, p 72-6965 [40–45]; Transcript,
Aspasia Isofidis, Hearing Block 10, 21 July 2023, p 72-6967 [5].

324 Transcript, Angela Maguire, Hearing Block 4, 12 April 2022, p 29-2688 [1–5].

325 Exhibit R-01.024, DMFS Communication Strategy 2024-25 (Draft), DEF.1375.0001.0157
at 0161.

326 Exhibit 79-01.021, Hearing Block 11, Defence Families of Australia comments on Defence
People Group testimony during Hearing Block 10, GCH.0000.0001.0034_R at 0040.

327 Exhibit R-01.025, Department of Defence, Response to Notice to Give, NTG-DEF-274,
DEF.9999.0192.0042 at 0075.

328 Exhibit R-01.001, Defence Community Organisation Evaluation, 1999, DEF.1197.0003.0816
at 0908.

329 Exhibit 79-01.015, Hearing Block 11, Sandi Laaksonen-Sherrin, Witness Statement,
SLS.0000.0001.0009 at 0081.

330 Transcript, Wade Stothart, Hearing Block 10, 21 July 2023, pp 72-6974 [40] – 79-6975 [5].

331 Exhibit R-01.013, 22-023 Defence Families – Services and Support, Final Audit Report,
DEF.1197.0011.0394 at 0404.

332 PFLR-28 (Families, Commonwealth response), PFL.0030.0002.0001 at 0020.

333 Exhibit L-01.009, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-001,
DVA.9999.0001.0001 at 0045 [11.1].

334 Exhibit L-01.009, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-001,
DVA.9999.0001.0001 at 0045.

335 Transcript, Renee Wilson, Hearing Block 1, 1 December 2021, pp 3-294 [43–47] – 3-295 [1–31].

336 Exhibit 79-01.014, Hearing Block 11, Gwen Cherne, Annexure M to Witness Statement,
DVA.9999.0084.0001.

337 Exhibit 79-01.001, Hearing Block 11, Gwen Cherne, Witness Statement, DVA.9999.0073.0025
at 0034.

338 Exhibit 79-01.001, Hearing Block 11, Gwen Cherne, Witness Statement, DVA.9999.0073.0025
at 0034.

339 Exhibit 79-01.001, Hearing Block 11, Gwen Cherne, Witness Statement, DVA.9999.0073.0025
at 0034.

340 Exhibit 96-01.011, Hearing Block 12, Defence Response to Notice to Give, NTG-DEF-191,
DEF.9999.0177.0001 at 0033.

341 Exhibit L-01.012, Department of Defence, Response to Notice to Give, NTG-DEF-156,
DEF.9999.0092.0001 at 0009 [17].

342 Exhibit HH-01.033, Charter of Defence Families of Australia, DEF.1197.0002.0303.

343 Exhibit HH-01.033, Charter of Defence Families of Australia, DEF.1197.0002.0303.

344 Exhibit HH-01.033, Charter of Defence Families of Australia, DEF.1197.0002.0303.

345 Exhibit 96-01.001, Hearing Block 12, Defence Families of Australia, Response to Notice to
Give, NTG-DFA-001, DFA.0000.0001.0001 at 0002.

346 Exhibit 79-01.015, Hearing Block 11, Sandi Laaksonen-Sherrin, Witness Statement,
SLS.0000.0001.0009 at 0017.

347 Exhibit HH-01.001, Sandi Laaksonen-Sherrin, Submission, SUB.0000.0078.0135_R at 0140.
[permission to publish]

348 Exhibit 79-01.016, Hearing Block 11, Sandi Laaksonen-Sherrin, Statement of Responsibilities,
SLS.0000.0001.0005 at 0001–0007.

349 Exhibit 96-01.001, Hearing Block 12, Defence Families of Australia, Response to Notice to
Give, NTG-DFA-001, DFA.0000.0001.0001 at 0005.

350 Exhibit 79-01.015, Hearing Block 11, Sandi Laaksonen-Sherrin, Witness Statement,
SLS.0000.0001.0009 at 0019.

351 Exhibit HH-01.001, Sandi Laaksonen-Sherrin, Submission, SUB.0000.0078.0135_R at 0136.
[permission to publish]

352 Exhibit 79-01.001, Hearing Block 11, Gwen Cherne, Witness Statement, DVA.9999.0073.0025
at 0037.

353 Transcript, Gwen Cherne, Hearing Block 11, 31 August 2023, p 79-7623 [45].

354 Transcript, Natasha Fox, Hearing Block 12, 20 March 2024, p 96-9733 [42].

355 Exhibit HH-01.001, Sandi Laaksonen-Sherrin, Submission, SUB.0000.0078.0135_R at 0135.
[permission to publish]

356 Exhibit L-01.012, Department of Defence, Response to Notice to Give, NTG-DEF-156,
DEF.9999.0092.0001 at 0002.

357 Exhibit L-01.012, Department of Defence, Response to Notice to Give, NTG-DEF-156,
DEF.9999.0092.0001 at 0003-0004; Exhibit 79-01.015, Hearing Block 11,
Sandi Laaksonen-Sherrin, Witness Statement, SLS.0000.0001.0009 at 0016.

358 Exhibit L-01.012, Department of Defence, Response to Notice to Give, NTG-DEF-156,
DEF.9999.0092.0001 at 0005-0007.

359 Exhibit 79-01.015, Hearing Block 11, Sandi Laaksonen-Sherrin, Witness Statement,
SLS.0000.0001.0009 at 0017.

360 Exhibit L-01.012, Department of Defence, Response to Notice to Give, NTG-DEF-156,
DEF.9999.0092.0001 at 0007.

361 Exhibit 79-01.015, Hearing Block 11, Sandi Laaksonen-Sherrin, Witness Statement,
SLS.0000.0001.0009 at 0016.

362 Exhibit L-01.012, Department of Defence, Response to Notice to Give, NTG-DEF-156,
DEF.9999.0092.0001 at 0012, 0013.

363 Exhibit HH-01.001, Sandi Laaksonen-Sherrin, Submission, SUB.0000.0078.0135_R at 0315.
[permission to publish]

364 Exhibit 79-01.001, Hearing Block 11, Gwen Cherne, Witness Statement, DVA.9999.0073.0025
at 0031.

365 Exhibit 79-01.001, Hearing Block 11, Gwen Cherne, Witness Statement, DVA.9999.0073.0025.

366 Exhibit 79-01.001, Hearing Block 11, Gwen Cherne, Witness Statement, DVA.9999.0073.0025
at 0037.

367 Transcript, Gwen Cherne, Hearing Block 11, 31 August 2023, p 79-7645 [10].

368 Exhibit 79-01.001, Hearing Block 11, Gwen Cherne, Witness Statement, DVA.9999.0073.0025
at 0029, 0034.

369 Transcript, Natasha Fox, Hearing Block 12, 20 March 2024, p 96-9731 [29].

370 Transcript, Peggy Brown, Hearing Block 10, 21 July 2023, pp 72-6987 [44–47] – 6988 [1–9].

371 Transcript, Wade Stothart, Hearing Block 10, 21 July 2023, p 72-6987 [20].

372 Transcript, Wade Stothart, Hearing Block 10, 21 July 2023, p 72-6985 [31–32].

28 Coroners

Summary

Australia's coroners' courts play an important role in gathering information about suicide and providing answers and closure for grieving communities.

Coroners and coronial courts investigate sudden, unnatural and unexpected deaths, including suspected suicide deaths of serving and ex-serving Australian Defence Force (ADF) members. This chapter considers the role and effectiveness of Australian coronial jurisdictions in contributing to the prevention of defence and veteran suicides. Coronial determinations of suicidal intent and the time it takes to deliver findings of intent directly inform the consistency and timeliness of suicide reporting. In turn, this influences the visibility and accuracy of suicide numbers at a national level.

This chapter identifies opportunities for improving trauma-led engagement with defence and veteran families, as well as increasing the consistency of national suicide data to more effectively inform prevention efforts.

At the outset, we wish to acknowledge the essential and complex role performed by coronial courts in Australia. This chapter is intended to identify issues pertaining to defence and veteran suicide and suicidality that intersect with issues relevant to the function of coronial jurisdictions across Australia.

We acknowledge the importance of good coordination, communication and support in minimising distress for bereaved families through the coronial process. We make a case for improved coordination and communication between government agencies and affected families during investigations.

This chapter provides good practice examples that would allow all jurisdictions to better support bereaved families. It advocates the continued adoption across jurisdictions of the principles underpinning recommendations made by the Select Committee on the Coronial Jurisdiction of NSW in May 2021. The Select Committee tabled its final report in April 2022. Certain recommendations made by the Select Committee align with principles we consider to be critical to improving coronial processes and reducing the risk of retraumatisation on family members through the process. The principles we align with are:

- supporting bereaved Defence and veteran families
- identifying systemic issues to inform suicide prevention strategies
- supporting the coroner's ability to make findings in relation to defence and veteran suicides
- providing greater certainty and a sense of closure for families
- contributing to more accurate national suicide statistics.

Some states and territories have already embedded these underpinning principles in their framework.

28.1 Purpose of this chapter

1. We considered evidence on issues that impact bereaved families such as the access and timeliness of support provided by coroners to family members. We have also heard through submissions of family members expressing frustration with communication, engagement and information sharing with coroners, Defence and the Department of Veterans' Affairs (DVA).
2. Coronial jurisdictions play a key role in informing a national picture of suicide trends for serving and ex-serving members of the Australian Defence Force (ADF). Our inquiry has identified the following challenges to support a consistent national picture on serving and ex-serving member suicide:
 - Differing coronial approaches to determining whether a death is a suicide, with differences between jurisdictions and between coroners.
 - Coronial findings often take a long time. This means point-in-time suicide statistics are not current.
 - Gaps in National Coronial Information System data prevent the Australian Bureau of Statistics from applying consistent coding for 'intentional self-harm', which is the coding used for deaths by suicide.
3. These key challenges give rise to inconsistencies in suicide data. This risks decreasing the reliability of Australia's suicide data, which is a critical piece of the puzzle in effective suicide prevention activities.
4. Responses to compulsory notices regarding coronial processes were sought from each of the states and territories.

28.1.1 Role of coroners

5. The Australian coronial system is governed by state and territory legislation, with each jurisdiction having its own Coroners Act.¹ Certain types of deaths must be reported to the coroner, referred to as 'reportable deaths'.² Broadly speaking, suicide deaths are 'brought into the coronial jurisdiction by virtue of being ... unexpected, unnatural or unusual death[s] and thereby reportable to the coroner'.³
6. Coroners carry out the functions of the coronial system under the Coroners Act within their jurisdiction. They do this by conducting independent investigations and holding inquests into reportable deaths. In some cases, they make findings and recommendations that aim to:
 - prevent and reduce future reportable deaths
 - promote public health and safety
 - contribute to the administration of justice.⁴

Coronial inquests

7. Once an investigation is complete, the coroner will determine whether an inquest is required. In cases where the cause and manner of death are evident, the coroner can finalise coronial proceedings without holding an inquest.⁵
8. Not all suicides become the subject of an inquest in every jurisdiction. This depends on the legislative thresholds for investigation and inquest, which vary between states and territories. This chapter considers the impact of those differing legislative thresholds on the consistency and timeliness of coronial findings and the effects of this, both for bereaved families, and on the accuracy of national suicide statistics.
9. Coronial inquests are inquisitorial rather than adversarial. This means that an inquest is not conducted like a trial, with a prosecutor and defendant. Rather, the coroner leads an inquiry into why and how a death occurred.⁶

Coronial findings

10. The findings that a coroner must or can make at the conclusion of an inquest vary across jurisdictions. Findings may include:
 - the identity of the deceased
 - the medical cause of death
 - the circumstances in which the death occurred.⁷
11. Coroners' findings directly inform Australia's national suicide statistics, as reported by the Australian Bureau of Statistics (ABS).⁸ Currently, coroners are the only authority tasked with making routine determinations of suicide for the purpose of statistical coding.⁹

Bereavement support and trauma-informed responses

12. The sudden and unexpected death by suicide of a loved one is a traumatic experience for their family. The capacity of coroners and coronial staff to take a trauma-led approach in their interactions with and support of families can either minimise or amplify distress associated with the coronial process. As this chapter will show, the extent and quality of support offered to families varies between jurisdictions.

Coordination with Defence's investigative processes

13. In the case of suspected suicides of serving members, coronial staff of the jurisdiction in which the death occurs must work alongside relevant agencies within Defence, such as the Inspector-General of the Australian Defence Force (IGADF). Collaboration between these agencies is critical to the comprehensive investigation of the death of individuals in the context of military service. Effective collaboration can lead to more accurate findings and minimise distress for family members.

14. Coroners' courts and Defence agencies have different expertise and insights in their respective domains. Collaboration can help identify any potential misconduct, negligence or issues that may have contributed to the death and ensure that steps can be taken to prevent the recurrence of similar incidents.
15. As outlined in Chapter 12, Role and functions of the Inspector-General of the ADF, the Inspector-General of the ADF (IGADF) is responsible for inquiring into the deaths of serving ADF members '... where the relevant death appears to have arisen out of, or in the course of, the member's service in the Defence Force'.¹⁰ This is performed by the Directorate of Select Incident Reviews (DSIR) within the IGADF.
16. Lieutenant Colonel Damien Spendelove, then Director of Select Incident Reviews, gave evidence that the DSIR conducts inquiries concurrently with the work of the relevant coroner. The DSIR does not wait for a coroner's report or for the results of any coronial investigation.¹¹
17. Inquiries, therefore, can overlap. Typically, an IGADF inquiry will happen first and coroners may formally request copies of IGADF reports to assist in their own inquiries. The IGADF has also sought materials from coroners to progress IGADF inquiries, which may be by formal and/or informal means depending on the jurisdiction and circumstances.¹²
18. In Chapter 12, we note the absence of formal arrangements between the IGADF and coroners.¹³ However, the Commonwealth advised us as part of the Royal Commission's procedural fairness process that the IGADF intends to work with states and territories to establish formal processes of information sharing.¹⁴
19. In that chapter we recommend that the IGADF and coroners seek to create a process where families are interviewed by both agencies in combination, rather than in two separate interviews, to avoid retraumatisation.

28.2 Supporting defence and veteran families through the coronial process

20. Families have not always had the right to be involved in coronial investigations. Prior to reforms of Coroners Acts in all states that made provision for consultation with and participation by families, they tended to be treated 'as observers in a death investigation, with no right to participate in decisions about their deceased relatives'.¹⁵
21. We heard through hearings and submissions from grieving family members who felt that support was deficient and barriers to accessing information existed, whether intentional or not. These personal accounts made clear that family members were at risk of secondary trauma caused by unempathetic official interactions, including through coronial processes.¹⁶
22. In Chapter 10, The ADF military justice system, we discuss the ways in which investigative or inquiry process can exacerbate trauma and distress for those involved. Negative impacts can be minimised by informing people about the process in an

accessible way, which lets them know what to expect. Communicating with people at key stages of the process is crucial. This includes ensuring they know the support they are entitled to (including counselling and practical assistance) and explaining the outcome of the process.

23. In an article in the *Queensland University of Technology Law Review*, Australian barrister, judge and academic Dr Ian Freckelton KC highlighted the need for various improvements across coronial jurisdictions nationally:

[there is a] need for improvements in the frequency of communication from a coroner's court regarding the progress in the investigation, reasons for any delays and the likely timeframes for completion of the investigation. It also found a need to improve the experience of family members attending inquests through better preparation of them in terms of what to expect, as well as increasing their awareness of the right to be legally represented. In 2007, the argument was advanced that family members could be disadvantaged by delays in inquest outcomes, exclusion from the process, inability for meaningful participation, and ineffective communication with them by court staff during investigations and even at the stage of inquest findings.¹⁷

24. Dr Freckelton further highlighted principles by which trauma associated with the process can be minimised. These principles are similar to the 'minimum standards' we highlight in Chapter 10, The ADF military justice system. They include providing information about the process, clarifying the parameters of inquests, reducing delays, communicating outcomes in a trauma-sensitive way, and providing support.¹⁸

28.2.1 The importance of trauma-informed services

25. A person may be retraumatised if they are exposed to situations or environments that cause them to re-live a traumatic event. Trauma-informed care is built around an effort to avoid retraumatising people who have already suffered through difficult and distressing situations.¹⁹
26. The impact of trauma may be lifelong, and impact the affected person's relationship with others as well as their own mental and physical health.²⁰ Trauma-informed approaches recognise this. Communicating with bereaved families in a trauma-informed way can prevent additional trauma and provide support for families as they navigate the challenges of grief and loss.²¹
27. Coronial processes involve communication with the family of the deceased as a matter of course. This means that bereaved families must navigate the distress of a loved one's death as well as the stresses of legal and procedural aspects of the coronial process.
28. We have heard through hearings and submissions of distress among next of kin through engagement with coronial processes. We have heard from grieving family members of their confusion and distress when navigating a complex system and attempting to understand the processes and seek closure.

29. One witness who lost a family member to suicide described having minimal contact with the coroners' office and receiving little to no support from them, including no offer of grief counselling.²²
30. This witness told us that they did not receive any communication regarding the coronial process nor were they given the opportunity to request an inquest.²³ They also indicated they were not contacted by the IGADF and were not aware of the function of that unit.²⁴
31. We acknowledge the importance of the independence of coroners' courts and that the interests of the family may not always align with the interests of the court in the inquisitorial nature of the investigation or inquiry. However, we also highlight the impact that these decisions, however legitimate, can have on traumatised family and the importance of considered and careful communication.
32. There is strong evidence of the negative impact that stressors such as inadequate provision of information and inadequate communication can have on families involved in the court system.²⁵ As some of these factors are modifiable, it is pertinent to examine the role of systems in mitigating the detrimental effects experienced by people going through court proceedings.
33. Ms Julie-Ann Finney powerfully described to us the impact of having no coronial investigation into the death of her son, Royal Australian Navy Officer David Finney:

I don't believe that my son is in the suicide figures. So, David was in a regional town when he died. I only just got the courage to ring the police station this year and ring up and say, you know, 'What have you got there and did you let anyone know that my son had died?' And they said, 'Oh, yes, we let the Goulburn Coroners know.' So, I rung them and I said, 'Do you have any form of report?' And they told me, 'No.' The death certificate states cause of death, as in the cause, but nothing else. And in an official capacity, Defence has never contacted me ever. Again, mates have. But I've got nothing. I have got nothing. Nothing. I am no-one.²⁶
34. Ms Finney said this prevented her from completing the grieving process or gaining closure:

I don't think I've been through the grieving process. Instead, I've been through a process of trying to find things out. I haven't visited the cemetery, except with the media. I'm not going there until I have news for David. I know it's a cemetery. I'm not going there till I have news for David. So, I think that I have thrown myself into, 'You cannot do this to my son and get away with it. You may not.'²⁷
35. Other bereaved loved ones have shared similar stories. Dr Nikki Jamieson gave evidence regarding the death of her son, Private Daniel Garforth. She stated that she was not made aware of the fact that she could request an inquest, and said she 'would have loved an inquest; [but] they said it wasn't necessary'.²⁸

36. Regardless of whether a coroner is empowered to hold an inquest under the relevant Coroners Act, we consider that sensitive and timely engagement from coroners with families about the ongoing process; their rights; the reasons for decisions (particularly those that are contrary to the wishes of the family); and the provision of adequate support are critical components of taking a trauma-informed approach.
37. Some coronial jurisdictions across Australia have taken steps to improve family supports. In Queensland, the *Coroners Bill 2002* (Qld) was drafted to recognise explicitly the rights of families.²⁹ The new system was designed to offer improved information and support to families as well as greater sensitivity toward different cultures and beliefs.³⁰
38. The *Coroners Act 2008* (Vic) in Victoria put a stronger focus on supporting family members. This legislation included an obligation for the Coroners Court to refer families to professional support; avoid unnecessarily protracting investigations; practise cultural awareness and sensitivity; and keep families informed throughout the process.³¹
39. Non-legislative reforms include an inquiry into the coronial jurisdiction of New South Wales which recommended coroners give appropriate significance to the views of the family of the deceased as to ordering an autopsy; appointment of a family advocate; and development of a protocol for taking cultural considerations into account.³²
40. In Tasmania, a guide for families and friends who are involved in coronial processes was developed in 2016.³³ The guide is intended to assist anyone who comes into contact with the coronial system.
41. State and territory coroners' courts described their family support frameworks to us. These frameworks differ significantly between jurisdictions and resourcing constraints play a big part in what services are offered by individual jurisdictions. As a result, they vary in consistency and adequacy. We acknowledge that all coronial jurisdictions have family support policies in place. This reflects an approach aligned with, or at minimum aspiring to, a culture of care. The extent to which these support policies are put into practice for the benefit of families depends on available resourcing.
42. Section 28.4.3 considers some of the ways jurisdictions differ in the supports they are able to offer. It identifies areas of strength and areas where increased resourcing could lead to improved outcomes.
43. Some families of serving and ex-serving members who have died by suicide have told us that they felt they had not received adequate communication from the coroners' court investigating the cause and circumstances of the death.³⁴ We acknowledge that providing this kind of communication is resource intensive, and that coronial staff can only work within the resource confinements of their own jurisdiction. That said, we strongly advocate for the adequate resourcing and training of all jurisdictions to permit communication with the bereaved to reduce retraumatisation risk and improve outcomes for families.³⁵

28.3 Impact of inconsistent coronial approaches to suicide determination on national trends

44. A more consistent approach to suicide determination and reporting at a national level can make coronial findings easier to compare, including with respect to serving and ex-serving members who die by suicide. This can support trend analysis of risk factors which, in turn, informs prevention and early intervention initiatives for this cohort.
45. Previous inquiries and research studies have shown that a lack of clarity and uniformity in Australian laws and guidance on coronial determinations of suicide is a barrier to consistent and accurate suicide reporting. It can lead to under-reporting.³⁶
46. Inconsistencies relate to:
 - the differing legislative thresholds between state and territory jurisdictions for when a coroner is required to hold an inquest or make a finding in relation to a suspected suicide³⁷
 - how coroners determine the intent of the deceased.
47. Coding practices between jurisdictions and at a national level, as reported by the ABS, are largely consistent.³⁸ However, how suicide is determined varies between different jurisdictions as well as between individual coroners, and this may result in an incomplete picture at a national level. Consistent national data is important in informing our understanding of suicide and how we might better support people at risk.

28.3.1 The role of the National Coronial Information System in supporting suicide data consistency

48. We now consider the extent to which data-coding practices and quality-assurance processes for national suicide statistics reported by the ABS enhance the consistency and therefore accuracy of these statistics.
49. The National Coronial Information System (NCIS) is Australia's national online database of coronial information. It is a voluntary data-sharing collaboration between coroners' courts from each Australian state and territory and New Zealand. Information contained in the NCIS is prepared by, and belongs to, each participating jurisdiction.
50. The NCIS contains data on reportable deaths only – that is, deaths that must be reported to the coroner.³⁹ NCIS information regarding the causes of death and associated factors are derived from various reports including police, toxicology, autopsy and coronial findings. As we highlighted in our *Interim Report*, there are gaps in the availability of these reports in the NCIS, when they are not provided by the reporting jurisdiction.⁴⁰ Where this information is not available, the ABS may be unable to assign a specific cause of death.⁴¹

51. Inconsistent coronial approaches to determining suicide can also impact the information that is available in the NCIS. However, the information that is contained within the NCIS is 'as far as possible ... standardised, with mandatory data fields required to be completed for all cases, and the same coding classifications applied across the entire collection'.⁴² While this does not overcome the inconsistencies of coronial approaches to suicide, it has ensured that the suicide information that is shared by coroners' courts with the NCIS is coded consistently, with court staff using NCIS coding standards to do this.
52. In evidence before the Royal Commission, an NCIS representative described coronial data sources as 'the bedrock of the system'.⁴³ The NCIS described how coronial findings inform the database:

Given the purpose of the NCIS as a collation of information coroners voluntarily make available for research purposes, our interest is in reflecting what the coroner finds, the official record, if you like. So from that point of view, the finding that is made by the coroner is what the NCIS is reflecting, and that is our interest in that per se. It is being able to accurately reflect what the coroner has actually found in the official record.⁴⁴

National suicide deaths are coded consistently to facilitate comparable analysis of suicide statistics

53. The NCIS coding processes conducted by coroners' courts are separate to the coding practices undertaken by the Australian Bureau of Statistics (ABS), to report on national suicide statistics. The ABS reports annually on all registered deaths for which sufficient information exists to enable the coding of those deaths.⁴⁵ The ABS follows the coding rules of the International Classification of Diseases, tenth revision (ICD-10) when undertaking statistical coding.⁴⁶
54. While the NCIS is, for the ABS, the source of cause of death information for reportable deaths, the ABS sources other details relating to the death from the Registries of Births, Deaths and Marriages.⁴⁷
55. As part of our procedural fairness process, the ABS clarified that, for suicide data, the ABS generally follows the legal determination of intent from the coroner if available.⁴⁸
56. The legal determination made by the coroner is therefore separate from the statistical reporting of suicide, but it is only in very rare circumstances that the two do not match.⁴⁹
57. Where a coroner's determination of intent is not available, the ABS uses all available information in the NCIS to determine the underlying cause of death. This follows a standardised procedure which ensures there is a consistent approach taken in the absence of a coroner's determination.⁵⁰

58. A death could be coded as 'intentional self-harm' when:
- a coroner makes a formal finding of suicide
 - in the absence of a formal finding of intent, other coronial information and police and pathology reports on the NCIS could indicate a death was due to suicide (for example, the presence of a suicide note, or previous suicide attempts)
 - for open coronial investigations, deaths may be recorded as a suspected suicide, pending finalisation of the matter, and once closed, these cases are reviewed and updated by the ABS.⁵¹
59. The NCIS explained that there are two main reasons why cases remain open on the NCIS: the coronial investigation is still in progress or the case may have been closed in the coroner's jurisdiction but not closed by the court on the NCIS.⁵² Closed cases are those for which the coronial investigation is completed and the case details entered into the NCIS.
60. The ABS advised as part of our procedural fairness process that for open cases the police may report a death as a suspected suicide. For these deaths, an initial intent of suicide may be assigned by the ABS, but there are no codes that would allow the ABS to code a suspected suicide.⁵³ We highlight that as a result, suicides are likely under-reported.
61. The ABS cautions that:
- Coronial cases are more likely to be affected by a lag in registration time, especially those which are due to external causes, including suicide, homicide and drug-induced deaths.⁵⁴
62. The ABS clarified through our procedural fairness process that the information collected as part of a coronial investigation is of high quality and supports production of quality and detailed statistics on reportable deaths. Other limitations identified by the ABS relating to NCIS data include:
- access to complete and timely information on the NCIS
 - the breadth or quality of demographic details available on the NCIS.⁵⁵

The ABS revisions process has improved the accuracy of suicide statistics but does not overcome issues arising from inconsistent coronial approaches to suicide determinations

63. Deaths from all causes are subject to quality assurance procedures conducted by the ABS. The ABS told us that '[p]otential suicides are a particular focus of these quality assurance procedures both at an individual death and aggregate level'.⁵⁶

64. The ABS revises and recodes deaths that were originally coded while 'open', between 18 and 30 months after initial coding. Doing so allows for any additional information from the coronial investigation to be considered as that investigation progresses and when it concludes.⁵⁷
65. Incorporation of this additional information from coronial investigations in revised and final datasets has improved the count and accuracy of Australian suicide data.⁵⁸
66. Improvements brought about by the revisions process cannot fully resolve the underlying problems of inconsistent coronial approaches to suicide determinations. Namely, an absence of a finding of intent, where legislation precludes such a finding from being made; and inconsistent determinations of intent, due to differing applications of the standard of proof.
67. Quality assurance of coding practices will not address this issue, as coding is based on findings or analysis of intent, which will vary between jurisdictions based on their legislative framework and scope.

28.3.2 Legislative thresholds differ

68. Coronial processes to determine the intent of the deceased are critical for suicide statistics. This is because the ABS generally follows the legal determination of intent from the Coroner if available.
69. While ABS coders also have reference to toxicology, police and autopsy reports, a final coronial determination is the most authoritative indicator of intent. We heard from an ABS representative that:

[W]hen we are assigning the intent of death we always have a look at what the coroner has signed as the intent. So if the coroner has said it is a death by suicide, we will assign a suicide intent to the death. But we still use all of the other reports to build in the circumstances of the deaths ...⁵⁹

In the majority of cases we do follow what the coroner has put and we are looking at all the pieces of evidence available as well. So I would think it would be quite rare for us to also disagree with what is there.⁶⁰

70. We acknowledge the complexity that exists regarding findings of intent, as highlighted in response to our procedural fairness process. This is particularly challenging in the absence of other evidence to support a suicide finding such as a suicide note or contemporaneous statement of intent. Previous suicide attempts may not be evidence supporting a fatal intention, and drug overdoses can frequently be accidental. Similarly, road traffic crashes cannot always be distinguished as between 'momentary inattention', 'intoxication related reckless driving' or 'deliberate self-harm'.⁶¹

71. Adding to this complexity are the differing legislative thresholds between jurisdictions that enable a coroner to make a determination of suicide. The circumstances in which a coroner can investigate, hold an inquest into, or otherwise make a finding in respect of a suspected suicide, vary between jurisdictions. Even if a coroner is of the view that suicidal intent is relevant to how a person died, the relevant legislation may limit their ability to make a finding on intent. For example, in some jurisdictions, a finding of intent can only be made if an inquest is held. The practical effect of this is that a particular death could be determined to be suicide by a coroner in one jurisdiction, while a coroner in another jurisdiction may be prohibited from making the same finding.⁶² This may result in the under-reporting of suicides in some jurisdictions.
72. When a coroner is permitted to make a finding, the outcome turns on what circumstances the coroner considers constitute a suicide and the standard of proof applied. This varies between jurisdictions and between individual coroners.⁶³ So while coding practices may largely be consistent between NCIS and states and territories, this data is as reliable as the findings and information available for coding to inform intent. Where some jurisdictions have higher or more restrictive thresholds, there is a risk of suicides being under-reported.

28.3.3 The standard of proof applied by coroners to prove intent is not the same

73. For a finding of suicidal intent, a coroner must be satisfied that the evidence supports this finding to the civil standard of proof: on the balance of probabilities. To this, they must also apply the 'Briginshaw principle'.⁶⁴
74. Although the Briginshaw principle is applied by coronial jurisdictions across Australia, a comprehensive research study informed by interviews with 32 coroners from all states and territories except Tasmania revealed that the principle is applied inconsistently.⁶⁵ The study found that:

Coroners varied significantly in how they discussed the application of the *Briginshaw* scale in practice. In particular, coroners in some states reported thinking of *Briginshaw* as requiring a very high standard of proof in this area, whereas others thought it required much less.⁶⁶

75. Legal research published in 2019 states that:

coroners vary considerably in their approach to what constitutes a suicide, the circumstances that may or may not vitiate capacity to suicide, and the applicable standard of proof.⁶⁷

76. Varying standards of proof are also a risk to a clear and consistent national picture of serving and ex-serving member suicide (and all suicides), as depending on the standard applied, there is a risk of under-reporting in some jurisdictions.

28.4 Improving consistency and coordination

77. We have identified that different jurisdictions take different approaches to coronial suicide determinations. This section emphasises the importance of consistency in sharing information across jurisdictions in order to standardise the reporting of suicide deaths and suspected suicide deaths, so the suicide count is clear and accurate. This in turn can lead to better knowledge of key contributors to suicide and thus the implementation of evidence-based suicide prevention activities.

28.4.1 Timeliness of coronial findings and investigations

78. During the course of our inquiry, we have heard how the timeliness of coronial findings and investigations adversely affects the:

- currency and point-in-time visibility of national suicide statistics
- experience of families of serving and ex-serving ADF members who have died by suicide as they navigate the legal and procedural steps following the death.

79. We acknowledge the Commonwealth response through our procedural fairness process which highlighted the need to balance the complexity of inquiry with timeliness and impacts on next of kin:

The timeliness of investigation is one of several factors that may adversely impact families. However, the time taken to complete the coronial findings and investigations is balanced with the need to ensure the investigations are completed thoroughly and are supported through an evidentiary process, with due regard for obtaining evidence from witnesses who need appropriate trauma informed engagement.⁶⁸

Impact on data

80. The length of time it takes to conclude coronial investigations also impacts the availability of information in the NCIS. While coronial matters are open, available information varies from detailed police, autopsy and toxicology reports to no information.⁶⁹
81. We heard from the ABS that the length of time it takes to complete a coronial investigation depends on the circumstances of the death.⁷⁰ The ABS told us that the majority of cases take one to two years but in some rare instances can take up to three or four years.⁷¹

Impact on families where coronial processes take a long time

82. The complexity of the work undertaken by coroners means investigations can take months or in some cases years to be finalised. This is due to the need to gather and examine the circumstances of an individual's death and the necessary administrative procedures required to investigate.

83. Nonetheless, we have seen that for the sake of grieving families, there is a need to streamline processes wherever possible. The length of time required in coronial processes can profoundly disrupt a grieving family's ability to seek closure after the death of a loved one. Prolonged uncertainty exacerbates the emotional distress experienced by those involved in coronial investigations. It disrupts normal coping mechanisms and in some cases imposes financial strain, as families may need to come up with travel expenses and compensate time off work to attend an inquest. Extended coronial processes therefore can lead to heightened anxiety and frustration, affecting mental health and hindering the family's ability to resume their normal lives.
84. Efforts to streamline coronial processes are crucial in alleviating the burdens of coronial involvement for families. This will allow families to focus on navigating the processes of grief and healing. We encourage coroners to continue to review and identify opportunities to minimise the length of investigation and inquiries without compromising the judicial independence and integrity of process.

28.4.2 Intergovernmental coordination on systemic issues for resolution

85. Improving the usefulness of national suicide data to inform and assist in identifying systemic issues underpinning serving and ex-serving member suicide requires sustained interest on the national agenda. This must include urgent consideration of resourcing constraints and the inconsistency of coronial approaches to determining intentional self-harm across jurisdictions.
86. A coordinated effort by state and territory coroners and governments to develop and agree on a consistent approach to coronial determinations of suicide would provide greater certainty for all families affected by suicide. It would also increase accuracy of national suicide statistics. Increased resourcing of coroners' courts could expedite the finalisation of matters and reduce stress on families.

28.4.3 Improving accessibility of supports across states and territories

87. There are multiple stages of the coronial process where families can have input. While all coroners' courts have expressed to us a clear commitment to supporting bereaved families, some jurisdictions are better resourced than others to deliver on this commitment. We acknowledge that not all state and territory governments are in a position to increase resourcing of their coroners' courts.
88. Good practice examples of supports for bereaved families during the coronial process include the right to object to a post mortem or request an autopsy, ongoing communication during coronial investigation and access to counselling and grief support.

Right to object to a post mortem or request an autopsy

89. In New South Wales, a family can register their objection to a post mortem as soon as the deceased has been identified, irrespective of whether the coroner has decided whether a post mortem is required.⁷² In Victoria, the family can issue a written objection to the court within 48 hours of the coroner making the decision that a post mortem is required.⁷³ If the coroner decides to go ahead, families are able to apply to the Supreme Court for a prevention order.⁷⁴ Alternatively, families can request that an autopsy be performed by writing to the coroner or, if the coroner refuses, by applying to the Supreme Court.⁷⁵

Ongoing communication during coronial investigation

90. An easy-to-understand, trauma-informed guide to the coronial process for bereaved families and friends in South Australia advises them to seek help from the Coroners Court. According to the guide, published by the South Australian Attorney-General's Department in 2021, an information and support service is provided by experienced social workers, either by telephone or in person. This is said to include counselling at key points of the coronial process.⁷⁶
91. However, we have found that families in South Australia are unlikely to receive ongoing contact throughout the coronial investigation due to resourcing constraints.⁷⁷ By contrast, families in the more adequately resourced jurisdiction of Victoria are more likely to receive ongoing contact.⁷⁸
92. Victoria's *Coroners Act 2008* (Vic) requires that the Coroners Court keep family members informed of the process of the investigation.⁷⁹ The frequency and form of these updates vary depending on the preference of the family, but typically families are updated:
- at the completion of the medical examiner's report
 - when a coronial brief is requested and received by the court
 - when the family or any other person has requested an inquest
 - when a hearing is listed in relation to the investigation
 - when the coroner determines whether to hold an inquest
 - if the inquest is listed for hearing
 - when findings as to the investigation or inquest are made
 - when the coroner receives a response to recommendations regarding the investigation.⁸⁰
93. Victoria's Bench Book provides guidance for coroners and the court as to how to communicate sensitively with families throughout the investigation.⁸¹

94. Specialised support is provided by the Victorian Coroners Court's Aboriginal Engagement Unit when the deceased or their family members identify as Aboriginal or Torres Strait Islander.⁸²
95. The trauma-led approach taken by Victoria in communicating with families, which encompasses timeliness as well as the nature of communication, should serve as a model for other jurisdictions who do not have similar procedures in place.

Access to counselling and support services

96. Some jurisdictions are resourced to offer counselling services. The Australian Capital Territory, Victoria, New South Wales, Queensland, Western Australia and Tasmania all offer counselling services to affected families, either directly or through referral to connected services.
97. The Courts Administration Authority of South Australia states on their website that a counselling service is provided by social workers at key points. However, the South Australian Coroner has told us that limited resourcing means there is no or little ongoing contact by social workers with families throughout the coronial process.⁸³
98. This information is supported by lived experience witnesses Mrs Patricia Fernandez de Viana and Mr Michael Fernandez de Viana, who stated that they were not offered grief counselling nor informed of their right to request an inquest after the death of their son, Flying Officer James Fernandez de Viana, in South Australia.⁸⁴ We note that since Flying Officer Fernandez de Viana's death, the Coroners Court of South Australia has introduced a protocol whereby a referral to a counselling service is made in the case of suicide.⁸⁵
99. Similarly, Ms Alexandra Bailey spoke about her experiences with Queensland's coronial jurisdiction following the death of her sister, sailor Ms Teri Bailey. Ms Bailey said that her family had little contact with the Coroner's Office and was not interviewed by any representative of the jurisdiction. She did not recall being offered any grief counselling or other supports.⁸⁶
100. This highlights some of the challenges for families in navigating complex systems when grieving. The Queensland Coroner's Office advised that family members need to seek to be designated as a family member for the purposes of receiving communication from the Coroner's Office.⁸⁷ Even if made aware of this requirement in the initial stages, grieving next of kin may easily forget that information.
101. Some jurisdictions offer modes of support that are well-placed to overcome the barriers of trauma and grief which impact families' ability to participate productively in coronial processes. The ACT Coroner's Court for example organises a family liaison officer to provide updates and information to the family of the deceased. It further refers all immediate members of the family to a counselling service provided by Relationships Australia.⁸⁸ Funding has been secured for a forensic counselling service to mitigate further trauma and provide more timely communication and support.

102. Victoria also offers bespoke supports and services to the family of the deceased throughout the investigation. Family Liaison Officers and an Aboriginal Engagement Unit provide specialised trauma-informed, culturally sound support to families throughout the coronial process and during inquest hearings.⁸⁹ In addition, the court provides funding for transport and accommodation costs to enable families to attend court hearings. This has improved accessibility to the court for families.
103. We affirm these efforts and encourage the adoption of similar measures from courts across Australia where possible.

28.4.4 Supporting a coordinated approach with Defence and DVA

104. The complexities of ADF service-related deaths require coordinated action by Defence, DVA and coroners' courts to ensure information, resources and emotional support are provided to bereaved families. Coordinated communication from these entities reflects a shared commitment to supporting those who have lost loved ones either during or after service.
105. There are currently limited formal relationships, legislative instruments or statutes, policies, practice directions or guidelines in place between the coroner and the ADF in any state or territory. The Commonwealth advised us in response to our procedural fairness process that the Joint Military Police Unit (JMPU) has Letters of Exchange with the civilian police in each state and territory and the civilian police who work in the coroner's office seek information from JMPU from time to time.
106. The adoption of an integrated approach, formalised by agreement, could contribute to an improved, resilient support framework.
107. Some coroners have raised concerns with us over information sharing between coronial courts and the ADF when a Defence member dies.⁹⁰ A representative of the registrar of the ACT Coroner's Court explained some of the difficulties facing the coroner when investigating the death of a Defence member:

Requests for production of coronial documents and evidence can be received from Joint Military Police, DVA, IGADF, and Comcare, and occasionally other areas in the service where the deceased was a member. It is often unclear what the roles of each of the different entities is in any given matter, whether they overlap, and whether and how far their particular investigation may in turn overlap with the coroner's statutory functions and remit to enquire into matters of public safety. In the Coroners Act (ACT) the coroner must decide whether a person has a sufficient interest in a matter before releasing information, and this determination can be difficult to make without a deep understanding of the intricacies of the ADF structure and review mechanisms.⁹¹

108. ACT advised us in the course of the procedural fairness process that it is unclear when considering these information requests from those entities what their role, function, or interest in the proceeding might be. It advised that this can add time and complexity to the investigation.⁹²
109. The Queensland Coroners Court said that the need to request information through Defence Legal can lead to delays in finalising reports.⁹³ The Tasmanian Coroners Court told us that it supports the establishment of formal data linkages with Defence and DVA in order to improve access to service history documents for the purpose of timeliness across the coronial system.⁹⁴
110. There is no formal documented relationship between the IGADF and coroners' offices in each state and territory. In his testimony before the Royal Commission, Lieutenant Colonel Damien Spendelove expressed the view that establishing formal arrangements, such as a memorandum of understanding, between the IGADF and coroners' courts could fetter the IGADF's independence:
- if you start entering into arrangements with various organisations, I think the perception, at least from within the IGADF, has been that that will have potential to lock us into acting in certain ways in the future.⁹⁵
111. We have heard no evidence suggesting that this lack of a formal relationship between the office of the IGADF and coroners' courts adversely affects the conduct and timeliness of IGADF inquiries into ADF member suicides. However, we have heard from some coroners' offices that there are delays with the provision of IGADF inquiry reports to coroners.⁹⁶
112. This discrepancy between the efficient provision of information to the IGADF by coroners, and the delays being experienced when that information flows in the other direction, demonstrates the need for the ADF and DVA to support coronial investigations through the timely provision of information.
113. Defence can demonstrate a commitment to acknowledging the impact of a death by ensuring proactive information sharing with coroners' courts. Ultimately, families should not be impacted by administrative delays that could be prevented by better coordination between these entities. We make recommendations in Chapter 12, Role and functions of the Inspector-General of the ADF, to address this issue.
114. The Commonwealth advised us through the procedural fairness process that the Office of the Inspector-General of the Australian Defence Force intends to improve relationships through meeting each coroner, in order to establish formal processes of information sharing.⁹⁷

28.5 Good practice models and previous recommendations for change

115. Good practice models can serve as valuable benchmarks and sources of inspiration for organisations striving to improve their processes, outcomes and initiatives. The following examples have been proven to yield positive outcomes, and therefore offer valuable insights into how Australia's coronial jurisdictions can improve and adapt. We note that as part of the procedural fairness process, many states and territories highlighted progress and initiatives aimed at improving supports for next of kin through coronial processes.
116. As demonstrated by the UK and Victorian jurisdictions, and highlighted by the Select Committee Inquiry into the Coronial Jurisdiction of New South Wales, good practice includes trauma-informed support for families and a strong focus on prevention.
117. We see the prevention role of coroners as important. As recognised in the literature, and exemplified by the Coroners Prevention Unit within the Coroners Court of Victoria, there is the potential for coroners to make comments and recommendations 'for the purpose of preventing a recurrence of death in similar circumstances'.⁹⁸
118. Ms Scheryn Aspinall-Clarke shared the story of her fiancé Mr Dylan Clarke with us.⁹⁹ Mr Clarke was seriously injured when run over by a bushmaster in 2011 while training prior to leaving for active service in Afghanistan. Within weeks of this injury, Mr Clarke attempted suicide, and although he survived, he suffered both physically and mentally for a number of years. In 2016, Mr Clarke died by suicide.
119. The ADF leadership doctrine states that 'we do not take unnecessary risk with the lives and health of our team'.¹⁰⁰ Yet Mr Clarke's story serves as a tragic reminder of a preventable death. Prevention methods, including learning from previous incidents, being accountable and aiming for continuous improvement, are all essential factors for both Defence and Australia's coronial jurisdictions to consider.

28.5.1 Armed Forces Defence Inquests Unit (UK)

120. During our fact-finding visit to the United Kingdom, we heard that the Ministry of Defence has a Defence Inquests Unit (DIU). The DIU coordinates and manages all Defence-related inquests into the workplace deaths of serving military personnel and Ministry of Defence civilian personnel.¹⁰¹
121. The DIU was established in May 2008 to improve services provided to bereaved military families and coroners investigating the deaths of service personnel.¹⁰² Its remit has expanded from deaths triggering coronial investigations from operational fatalities and the DIU now offers support to all inquests examining the death of a service person, Ministry of Defence civilian or veteran.¹⁰³

122. The DIU team is made up of experienced civilian and military staff who assist coroners and support witnesses and bereaved families prior to attending an inquest. In their words:

Our key role in DIU is to assist coroners so that they complete their inquests fully, thoroughly, and as quickly as possible, so bereaved families can find the answers they need about their loved one's death ... The team fully recognise that attendance at an inquest can be a traumatic experience and they do their best to provide high quality support to both families and witnesses.¹⁰⁴

123. The DIU also ensure that the Ministry of Defence reflects on the findings of a Defence-related inquest so the organisation can learn lessons and make changes to prevent similar future deaths, where possible.¹⁰⁵

28.5.2 Coroners Court of Victoria

124. In our view, the Coroners Court of Victoria's focus on prevention, as well as its comprehensive, trauma-informed approach to supporting families during the coronial process, serves as a good case study for other jurisdictions to consider. It also highlights the need to address resourcing constraints within those jurisdictions that lack adequate funding to adopt improved practices.

Trauma-informed approach

125. Key elements of the Victorian coroner's trauma-informed framework include:

- protocols for communicating with and supporting bereaved families
- statutory obligations which require the coroner to have regard to the impact on families of their discharging of functions or exercising of powers
- using suicide data to inform suicide prevention efforts.

126. The Coroners Court of Victoria cites a list of 'bespoke supports and services' that are available to bereaved family members regardless of whether an inquest will be held into their loved one's death.¹⁰⁶ Particular services are offered depending on the family's needs.¹⁰⁷

127. The Coroners Court of Victoria has a diversity and inclusion committee that aims to identify ways of improving court accessibility.¹⁰⁸ Accessibility measures implemented by the court aim to bring about greater support and inclusivity for bereaved families and other vulnerable and/or disadvantaged members of the community.

128. Suicide data is used in Victoria in a range of contexts, including to:

- develop the evidence base for coroners to make prevention-focused recommendations
- inform suicide prevention-focused activities for other government bodies including the Departments of Health, Transport, Education and Training, and Victoria Police
- increase awareness and provide the public with facts about suicide in the community
- contribute to scholarship.¹⁰⁹

Supporting bereaved families and other vulnerable cohorts

129. In 2020, the Coroners Court of Victoria established a survey for families who have engaged with the court.¹¹⁰ This survey was designed to provide data on family needs that would contribute to an evidence-based approach to supporting families and a way of identifying systemic improvements for court users.¹¹¹

130. Between 1 January 2023 and 1 June 2023, the Coroners Court reported that over 90% of responders ‘agreed’ or ‘strongly agreed’ with the information they were provided, they understood the coroner’s findings, and were treated with respect by court staff who understood their complex feelings and emotions.¹¹² One area of improvement identified was a wish to shorten the time taken to complete the coronial investigation.¹¹³

Considering the impact that an inquest has on families

131. In circumstances where the coroner has ‘wide discretion as to whether to hold an inquest’, they are asked to consider how the exercise of this discretion impacts bereaved families and the broader community, including:

- possible distress caused to family, friends and community members and the potential need to refer these people for support
- the impact of lengthy or protracted coronial investigations on the distress of those affected by the death
- any specific cultural beliefs and practices surrounding death
- how to keep affected family members appropriately informed of the particulars and process of the investigation
- the need to balance public interest in protecting personal information with the public interest in the legitimate use of that information
- the desirability of promoting public health and safety and the administration of justice.¹¹⁴

Coroners Prevention Unit

132. The Coroners Court of Victoria has a dedicated Coroners Prevention Unit (CPU) which is a specialist service for coroners created to strengthen their prevention role and provide them with expert assistance.¹¹⁵ The CPU does this by reviewing a range of reportable and reviewable deaths; collecting and analysing data relating to such deaths; assisting coroners in the development of prevention-focussed coronial recommendations; and receiving and publishing recommendations.¹¹⁶ One of the CPU's central goals is to contribute to the reduction of preventable deaths in Victoria.¹¹⁷

28.5.3 Previous recommendations for change

133. In this section, we outline the inquiry undertaken by the Select Committee into the Coronal Jurisdiction of New South Wales. This inquiry was extensive and culminated in a series of recommendations, some of which have the potential to improve support for bereaved Defence and veteran families if adopted elsewhere in Australia. We consider these principles worthy of consideration, at a national level.

Select Committee on the Coronal Jurisdiction in New South Wales

134. The Parliament of New South Wales established the Select Committee on the Coronal Jurisdiction in New South Wales in May 2021. The inquiry's terms of reference included investigating the scope and limits of the jurisdiction; the adequacy of its resources and the timeliness of its decisions as well as the ability of the court to respond appropriately to culturally diverse communities.¹¹⁸
135. The Select Committee tabled its final report in April 2022. The NSW Government followed with its response in October of that year. As part of its work to complete the statutory review of the Coroners Act, the NSW Department of Communities and Justice (DCJ) undertook a review of the recommendations made by the Select Committee. The review of the Select Committee's recommendations that would involve legislative amendments is included in the *Report of the Statutory Review of the Coroners Act 2009* (the Statutory Review Report).⁸ The Statutory Review Report was tabled in Parliament on 14 February 2024. Some of the Select Committee's recommendations have been incorporated into the Statutory Review Report either in full, in part, or on a caveated basis.¹¹⁹
136. Certain recommendations made by the Select Committee align with principles we consider to be critical to improving coronial processes and outcomes. These principles are:
- amending the *Coroners Act 2009* (NSW) to require coroners to examine whether systemic issues played a role leading to any death
 - prevention based initiatives, such as establishing a preventative death review unit
 - improving accountability of responses to recommendations

- supporting bereaved Defence and veteran families through improved access to support and counselling and trauma informed approaches, including consideration of a financial assistance scheme to cover the logistical costs incurred by families participating in coronial inquests, including the costs of transport, meals and accommodation
- contributing to more accurate national suicide statistics.¹²⁰

137. These principles advocate for social and health support for those involved in the coronial system. A number of jurisdictions already have some or all of these principles included in their framework.¹²¹

138. New South Wales advised us, as part of the procedural fairness process, that they are undertaking ongoing development of the NSW Suicide Monitoring System (SuMS), with DCJ, NSW Health, NSW Police Force (NSWPF), and the State Coroner working together to improve the quality of coronial data about intentional self-harm in NSW. This evidence base will assist in understanding trends to inform prevention initiatives.

Recommendation 105: Improve coordination with coroners and the National Coronial Information System

The Australian Government Attorney-General's Department should work with its state and territory counterparts to establish mechanisms that improve coordination between coroners, the Department of Veterans' Affairs (DVA), the Australian Bureau of Statistics and the National Coronial Information System and work towards:

- (a) aligning coronial practices related to making determinations of intentional self-harm to improve the consistency and timeliness of national suicide reporting
- (b) implementing communication strategies between Defence, the Inspector-General of the Australian Defence Force, DVA and coroners to support the streamlined provision of information and reduce the risk of stress on families
- (c) sharing good-practice support regarding trauma-informed care.

28.6 Conclusion

139. This chapter makes the case that coroners' courts have a significant role to play in providing timely and accurate suicide data, and in the support of bereaved families who have lost a loved one to suicide. We acknowledge the importance and difficulties of the work done by coronial staff across jurisdictions, both in relation to the suicide deaths of serving and ex-serving ADF members and the needs of the broader population.

140. Further, we acknowledge that involvement with the coroner is highly distressing for the families and friends of those who have died. Any opportunity to mitigate this distress must be taken in the interests of protecting people who are already vulnerable to trauma.
141. Coroners can play a key role, through their findings and provision of data, in contributing to suicide prevention and early intervention initiatives. Coronial data can support decision-makers to understand trends and therefore provides opportunities for intervening prior to a death.
142. The Australian Government should play a lead role in bringing coronial jurisdictions across Australia together to collaborate and improve processes and learnings in order to save the lives of Australians now and into the future.

Endnotes

- 1 *Coroners Act 2009* (NSW); *Coroners Act 1997* (ACT); *Coroners Act 2008* (Vic); *Coroners Act 2003* (SA); *Coroners Act 1996* (WA); *Coroners Act 1993* (NT); *Coroners Act 2003* (Qld); *Coroners Act 1995* (Tas).
- 2 Coroner's Court of Western Australia, 'The Coroner's responsibility', webpage, www.coronerscourt.wa.gov.au/, viewed 18 March 2024.
- 3 S Jowett and others, 'Determining a Suicide under Australian Law', *University of NSW Law Journal*, vol 41, 2, 2018, p 359 (Exhibit 18-02.031, Hearing Block 3, STU.0001.0001.4239).
- 4 Coroners Court of Victoria, 'Role of a Coroner', webpage, last updated 29 March 2019, www.coronerscourt.vic.gov.au/inquests-findings/2017-bourke-street-inquest/role-coroner, viewed 15 March 2024.
- 5 Coroners Court of New South Wales, 'Investigation', webpage, last updated 11 May 2023, www.coroners.nsw.gov.au/the-coronial-process/investigation.html, viewed 15 March 2024.
- 6 Australian Federal Police, 'Coronial process', webpage, www.missingpersons.gov.au/support/coronial-process, viewed 15 March 2024.
- 7 Coroners Court of Victoria, 'Role of a Coroner', webpage, last updated 29 March 2019, www.coronerscourt.vic.gov.au/inquests-findings/2017-bourke-street-inquest/role-coroner, viewed 15 March 2024.
- 8 Australian Bureau of Statistics, 'Causes of Death, Australia methodology', webpage, released 27 September 2023, www.abs.gov.au/methodologies/causes-death-australia-methodology/2022, viewed 14 May 2024.
- 9 S Jowett and others, 'Determining a Suicide under Australian Law', *University of NSW Law Journal*, vol 41, 2, 2018, p 355, (Exhibit 18-02.031, Hearing Block 3, STU.0001.0001.4239).
- 10 Exhibit 79-02.001, Hearing Block 11, Office of the Inspector-General of the Australian Defence Force, Response to Notice to Give, NTG-IGD-002, IGD.9999.0002.0003 at 0014 [2.27].
- 11 Transcript, Damien Spendelove, Hearing Block 12, 31 August 2023, p 79-7700 [32–38].
- 12 Exhibit 79-03.001A, Office of the Inspector-General of the Australian Defence Force, Response to Notice to Give, NTG-IGD-002, IGD.9999.0001.0001 at 0005 [10.2].
- 13 Exhibit 79-03.001A, Office of the Inspector-General of the Australian Defence Force, Response to Notice to Give, NTG-IGD-002, IGD.9999.0001.0001 at 0005 [10.1].
- 14 PFLR-3.2, (Coroners, Commonwealth), PFL.0031.0002.0003 at 0011.
- 15 G Tait and others, 'Decision-making in a Death Investigation: Emotion, Families and the Coroner', *Journal of Law and Medicine*, vol 23, 3, 2016, p 3 (Exhibit 18-02.033, Hearing Block 3, STU.0001.0001.4228).
- 16 G Tait and others, 'Decision-making in a Death Investigation: Emotion, Families and the Coroner', *Journal of Law and Medicine*, vol 23, 3, 2016, p 3 (Exhibit 18-02.033, Hearing Block 3, STU.0001.0001.4228).
- 17 I Freckelton, 'Minimising the Counter-Therapeutic Effects of Coronial Investigations: In Search of Balance', *QUT Law Review*, vol 16, 3, 2016, p 9.
- 18 I Freckelton, 'Minimising the Counter-Therapeutic Effects of Coronial Investigations: In Search of Balance', *QUT Law Review*, vol 16, 3, 2016, p 6, p 5.
- 19 NSW Health, 'What is trauma-informed care?', webpage, last updated 17 August 2022, www.health.nsw.gov.au/mentalhealth/psychosocial/principles/Pages/trauma-informed.aspx, viewed 1 February 2022.
- 20 NSW Health, 'What is trauma-informed care?', webpage, last updated 17 August 2022, www.health.nsw.gov.au/mentalhealth/psychosocial/principles/Pages/trauma-informed.aspx, viewed 26 March 2024.
- 21 J Cacciatore and others, 'What is Good Grief Support? Exploring the Actors and Actions in Social Support after Traumatic Grief', *PLOS One*, vol 16, 5, May 2021 p 3.
- 22 Transcript, SY1, Hearing Block 2, 14 February 2022, p 11-1041 [15–20].
- 23 Exhibit F-02.007, Coroner's Court of Western Australia, Response to Notice to Give, NTG-WSS-003, WSS.0003.0001.0179 at 0183.
- 24 Transcript, SY1, Hearing Block 2, 14 February 2022, p 11-1041 [15–20].
- 25 S Dartnell and others, 'An Opportunity to Be Heard: Family Experiences of Coronial Investigations into Missing People and Views on Best Practice', *Frontiers in Psychology*, vol 10, 2019, p 13.
- 26 Transcript, Julie-Ann Finney, Hearing Block 11, 28 August 2023, p 76-7322 [35–45].

- 27 Transcript, Julie-Ann Finney, Hearing Block 11, 28 August 2023, p 76-7323 [5–11].
- 28 Transcript, Nicola Jamieson, Hearing Block 1, 29 November 2021, p 1-64 [1–4].
- 29 Queensland Government, *State Coroner's Guidelines 2013, Chapter 2*, 2013, p 1.
- 30 Queensland Government, *State Coroner's Guidelines 2013, Chapter 2*, p 1.
- 31 I Freckleton, 'Opening A New Page', *Law Institute Journal*, vol 83, 6, 2009, p 30.
- 32 Legislative Council Select Committee on the Coronial Jurisdiction in New South Wales, *Coronial Jurisdiction in New South Wales*, April 2022, pp 66–69 [121].
- 33 Magistrates Court of Tasmania, *The Coroners' Court: A Guide for Family and Friends*, 2016.
- 34 Transcript, Peter Jenkins, Hearing Block 1, 2 December 2021, p 4-337 [1–35].
- 35 S Dartnell and others, 'An Opportunity to Be Heard: Family Experiences of Coronial Investigations into Missing People and Views on Best Practice', *Frontiers in Psychology*, vol 10, 2019, p 664.
- 36 Coronial Council of Victoria, *Suicide Reporting in the Coronial Jurisdiction*, Reference 3, June 2014, p 1; S Jowett and others, 'Determining a Suicide under Australian Law', *University of NSW Law Journal*, vol 41, 2, 2018, p 355 (Exhibit 18-02.031, Hearing Block 3, STU.0001.0001.4239); S Jowett and others, 'Determining a Suicide under Australian Law: A Comparative Study of Coronial Practice', *University of NSW Law Journal*, vol 42, 2, 2019, p 535 (Exhibit D-01.039, STU.0006.0001.6182).
- 37 S Jowett and others, 'Determining a Suicide under Australian Law', *University of NSW Law Journal*, vol 41, 2, 2018, p 374 (Exhibit 18-02.031, Hearing Block 3, STU.0001.0001.4239).
- 38 S Leske and others, 'It is Official, They are Different – Discrepancies between National Statistical Agency and Register-based State Suicide Mortality Statistics in Australia', *Crisis: The Journal of Crisis Intervention and Suicide Prevention*, vol 44, 5, 2023.
- 39 National Coronial Information System, 'Explanatory notes', webpage, www.ncis.org.au/about-the-data/explanatory-notes, viewed 7 May 2024.
- 40 Transcript, Ally Watson, Hearing Block 3, 9 March 2022, p 18-1675 [11–38]; Exhibit 18-03.003, Hearing Block 3, NCIS Operational statistics: Document attachment statistics – January 2022, STU.0000.0002.6731 at 6731 [Table 1].
- 41 Australian Bureau of Statistics, 'Causes of Death, Australia methodology', webpage, released 27 September 2023, www.abs.gov.au/methodologies/causes-death-australia-methodology/2022, viewed 14 May 2024.
- 42 National Coronial Information System, 'Data sources + classification structures', webpage, reviewed 28 May 2024, www.ncis.org.au/index.php/about-the-data/data-sources-classification-structures, viewed 11 July 2024.
- 43 Transcript, Fiona Dowsley, Hearing Block 3, 9 March 2022, p 18-1672 [17].
- 44 Transcript, Fiona Dowsley, Hearing Block 3, 9 March 2022, p 18-1676 [7–14].
- 45 Senate Community Affairs References Committee, *The Hidden Toll: Suicide in Australia*, June 2010, p 15.
- 46 PFLR-3.2, (Coroners, Commonwealth) PFL.0031.0002.0003 at 0004.
- 47 PFLR-3.2, (Coroners, Commonwealth) PFL.0031.0002.0003 at 0004.
- 48 PFLR-3.2, (Coroners, Commonwealth) PFL.0031.0002.0003 at 0005.
- 49 PFLR-3.2, (Coroners, Commonwealth) PFL.0031.0002.0003 at 0005.
- 50 PFLR-3.2, (Coroners, Commonwealth) PFL.0031.0002.0003 at 0005.
- 51 Australian Bureau of Statistics, 'Causes of Death, Australia Methodology, 2002', webpage, released 27 September 2023, www.abs.gov.au/methodologies/causes-death-australia-methodology/2022, viewed 18 March 2024.
- 52 Transcript, Ally Watson, Hearing Block 3, 9 March 2022, p 18-1669 [22–26].
- 53 PFLR-3.2, PFL-3A, (Coroners, Commonwealth), PFL.0031.0002.0003 at 0006.
- 54 Extract from ABS website, "ABS Deaths, Australia, 2020" Downloaded 2 March 2022 p 31 (Exhibit 18-04.005, STU.0000.0002.5290).
- 55 PFLR-3.2, PFL-3A, (Coroners, Commonwealth), PFL.0031.0002.0003 at 0006.
- 56 Exhibit 18-04.002, Hearing Block 3, Australian Bureau of Statistics, Response to Notice to Give, NTG-ABS-001, ABS.9999.0001.0001 at 0007 [14].
- 57 Exhibit 18-04.002, Hearing Block 3, Australian Bureau of Statistics, Response to Notice to Give, NTG-ABS-001, ABS.9999.0001.0001 at 0007 [14].
- 58 Exhibit 18-04.002, Hearing Block 3, Australian Bureau of Statistics, Response to Notice to Give, NTG-ABS-001, ABS.9999.0001.0001 at 0020–0021 [77], 0023 [86].
- 59 Transcript, Lauren Moran, Hearing Block 3, 9 March 2022, pp 18-1596 [48]–18-1597 [2].
- 60 Transcript, Lauren Moran, Hearing Block 3, 9 March 2022, p 18-1613 [40–43].

61 PFLR-3.17 (Coroners, Queensland response), PFL.0031.0005.0019 at 0019.

62 PFLR-3.8 (Coroners and Coronial Processes for Commonwealth and States and territories),
PFL.0031.0003.0054 [Table B].

63 S Jowett and others, 'Determining a Suicide under Australian Law', *University of NSW Law
Journal*, vol 41, 2, 2018, p 360 (Exhibit 18-02.031, Hearing Block 3, STU.0001.0001.4239).

64 *Briginshaw v Briginshaw* (1938) 60 CLR 336, 361–2 (Dixon J).

65 S Jowett and others, 'Determining a Suicide under Australian Law', *University of New
South Wales Law Journal*, vol 41, 2, 2018, p 359 (Exhibit 18-02.031, Hearing Block 3,
STU.0001.0001.4239).

66 S Jowett and others, 'Determining a Suicide under Australian Law', *University of New
South Wales Law Journal*, vol 41, 2, 2018, p 552 (Exhibit 18-02.031, Hearing Block 3,
STU.0001.0001.4239).

67 S Jowett and others, 'Determining a Suicide under Australian Law: A Comparative Study
of Coronial Practice', *University of New South Wales Law Journal*, vol 42, 2, 2019, p 534
(Exhibit D-01.039, STU.0006.0001.6182).

68 PFLR-3.2, (Coroners, Commonwealth), PFL.0031.0002.0003 at 0007.

69 Australian Bureau of Statistics, 'Causes of Death, Australia methodology', webpage,
released 27 September 2023, [www.abs.gov.au/methodologies/causes-death-australia-
methodology/2022](http://www.abs.gov.au/methodologies/causes-death-australia-methodology/2022), viewed 14 May 2024.

70 Transcript, Lauren Moran, Hearing Block 3, 9 March 2022, p 18-1598 [25–30].

71 Transcript, Lauren Moran, Hearing Block 3, 9 March 2022, p 18-1598 [28–31].

72 Coroners Court New South Wales, 'Overview of the Coronial Process', webpage, last updated
11 May 2023, [www.coroners.nsw.gov.au/the-coronial-process/overview-of-the-coronial-
process.html#processdiagram](http://www.coroners.nsw.gov.au/the-coronial-process/overview-of-the-coronial-
process.html#processdiagram), viewed 19 March 2024.

73 Coroners Court of Victoria, 'Forensic Process', webpage, last updated 18 December
2018, [www.coronerscourt.vic.gov.au/families/first-48-hours-families/forensic-
process#:~:text=Objecting%20to%20an%20autopsy,answer%20any%20questions%20
you%20have](http://www.coronerscourt.vic.gov.au/families/first-48-hours-families/forensic-
process#:~:text=Objecting%20to%20an%20autopsy,answer%20any%20questions%20
you%20have), viewed 19 March 2024.

74 Coroners Court of Victoria, 'Forensic Process', webpage, last updated 18 December
2018, [www.coronerscourt.vic.gov.au/families/first-48-hours-families/forensic-
process#:~:text=Objecting%20to%20an%20autopsy,answer%20any%20questions%20
you%20have](http://www.coronerscourt.vic.gov.au/families/first-48-hours-families/forensic-
process#:~:text=Objecting%20to%20an%20autopsy,answer%20any%20questions%20
you%20have), viewed 19 March 2024.

75 Coroners Court of Victoria, 'Forensic Process', webpage, last updated 18 December
2018, [www.coronerscourt.vic.gov.au/families/first-48-hours-families/forensic-
process#:~:text=Objecting%20to%20an%20autopsy,answer%20any%20questions%20
you%20have](http://www.coronerscourt.vic.gov.au/families/first-48-hours-families/forensic-
process#:~:text=Objecting%20to%20an%20autopsy,answer%20any%20questions%20
you%20have), viewed 19 March 2024.

76 Government of South Australia, *Coronial process: Information for families and friends*,
September 2021, p 17.

77 Exhibit F-02.004, Office of the State Coroner South Australia, Response to Notice to Give,
NTG-SAO-003, SAO.0003.0001.0001 at 0003 [17].

78 Exhibit F-02.006, Coroners Court of Victoria, Response to Notice to Give, NTG-VGS-003,
VGS.0005.0001.0001 at 0011.

79 Exhibit F-02.006, Coroners Court of Victoria, Response to Notice to Give, NTG-VGS-003,
VGS.0005.0001.0001 at 0011.

80 Exhibit F-02.006, Coroners Court of Victoria, Response to Notice to Give, NTG-VGS-003,
VGS.0005.0001.0001 at 0011.

81 Exhibit F-02.006, Coroners Court of Victoria, Response to Notice to Give, NTG-VGS-003,
VGS.0005.0001.0001 at 0011.

82 Exhibit F-02.006, Coroners Court of Victoria, Response to Notice to Give, NTG-VGS-003,
VGS.0005.0001.0001 at 0012.

83 Courts Administration Authority of South Australia, 'Support services', webpage, [www.
courts.sa.gov.au/going-to-court/court-locations/coroners-court/support-services/](http://www.courts.sa.gov.au/going-to-court/court-locations/coroners-court/support-services/), viewed
19 March 2024; Exhibit F-02.004, Office of the State Coroner South Australia, Response to
Notice to Give, NTG-SAO-003, SAO.0003.0001.0001 at 0003 [17].

84 Transcript, Michael Fernandez de Viana, Hearing Block 1, 10 December 2021, 10-909 [24–33].

85 PFLR-3.30 (Coroners, South Australia response), PFL.0031.0010.0003 at 0010.

86 Transcript, Alexandra Bailey, Hearing Block 1, 1 December 2021, p 3-247 [29–47],
3-248 [8–15].

87 PFLR-3.17 (Coroners, Queensland response), PFL.0031.0005.0019 at 0023.

- 88 Exhibit F-02.008, Registrar of the ACT Coroners Court, Response to Notice to Give, NTG-ACO-003, ACO.0000.0001.0012 at 0014, 0016.
- 89 Exhibit F-02.006, Coroners Court of Victoria, Response to Notice to Give, NTG-VGS-003, VGS.0005.0001.0001 at 0015–0016.
- 90 Exhibit F-02.008, Registrar of the ACT Coroner’s Court, Response to Notice to Give, NTG-ACO-003, ACO.0000.0001.0012 at 0018; Exhibit F-02.002, NSW Department of Communities and Justice, Response to Notice to Give, NTG-DCJ-005, DCJ.0006.0001.0001 at 0012.
- 91 Exhibit F-02.008, Registrar of the ACT Coroner’s Court, Response to Notice to Give, NTG-ACO-003, ACO.0000.0001.0012 at 0018.
- 92 PFLR-3.21 (Coroners, ACT response), PFL.0031.0007.0002 at 0005.
- 93 Exhibit F-02.001, Coroners Court of Queensland, Response to Notice to Give, NTG-QMC-003, QMC.0001.0001.0001 at 0011.
- 94 Exhibit F-02.005, Magistrates Court of Tasmania, Response to Notice to Give, NTG-TMS-003, TMS.0000.0001.0020 at 0026.
- 95 Transcript, Damien Spendelove, Hearing Block 11, 31 August 2023, pp 79-7750 [40]–79-7551 [5].
- 96 Exhibit F-02.001, Coroners Court of Queensland, Response to Notice to Give, NTG-QMC-003, QMC.0001.0001.0001 at 0011.
- 97 PFL-3A, (Coroners, Commonwealth), PFL.0031.0002.0003 at 0012.
- 98 R Brazil, ‘Respecting the Dead, Protecting the Living,’ *Australian Indigenous Law Review*, vol 12, Special Edition 2, 2008, p 46.
- 99 Rowan King on behalf of Scheryn Aspinall-Clarke, Submission, ANON-Z1E7-Q8FE-U.
- 100 Exhibit 75-02.010, Hearing Block 10, ADF Philosophical Doctrine, ADF Leadership, Edition 3, ACA.1001.0006.0466 at 0494.
- 101 Government of the United Kingdom, ‘The Defence Inquests Unit,’ webpage, last updated 1 April 2022, www.gov.uk/guidance/the-defence-inquests-unit, viewed 11 December 2023.
- 102 Government of the United Kingdom, ‘The Defence Inquests Unit,’ webpage, last updated 1 April 2022, www.gov.uk/guidance/the-defence-inquests-unit, viewed 11 December 2023.
- 103 Government of the United Kingdom, ‘The Defence Inquests Unit,’ webpage, last updated 1 April 2022, www.gov.uk/guidance/the-defence-inquests-unit, viewed 11 December 2023.
- 104 Government of the United Kingdom, ‘The Defence Inquests Unit,’ webpage, last updated 1 April 2022, www.gov.uk/guidance/the-defence-inquests-unit, viewed 11 December 2023.
- 105 Government of the United Kingdom, ‘The Defence Inquests Unit,’ webpage, last updated 1 April 2022, www.gov.uk/guidance/the-defence-inquests-unit, viewed 11 December 2023.
- 106 Exhibit F-02.006, State of Victoria, Response to Notice to Give, NTG-VGS-003, VGS.0005.0001.0001 at 0015.
- 107 Exhibit F-02.006, State of Victoria, Response to Notice to Give, NTG-VGS-003, VGS.0005.0001.0001 at 0015.
- 108 Exhibit F-02.006, State of Victoria, Response to Notice to Give, NTG-VGS-003, VGS.0005.0001.0001 at 0017.
- 109 Exhibit B-01.003, State of Victoria, Response to Notice to Give, NTG-VIC-002, VGS.0001.0001.0001 at 0016.
- 110 Exhibit F-02.006, State of Victoria, Response to Notice to Give, NTG-VGS-003, VGS.0005.0001.0001 at 0018.
- 111 Exhibit F-02.006, State of Victoria, Response to Notice to Give, NTG-VGS-003, VGS.0005.0001.0001 at 0018.
- 112 Exhibit F-02.006, State of Victoria, Response to Notice to Give, NTG-VGS-003, VGS.0005.0001.0001 at 0018.
- 113 Exhibit F-02.006, State of Victoria, Response to Notice to Give, NTG-VGS-003, VGS.0005.0001.0001 at 0018.
- 114 Exhibit F-02.006, State of Victoria, Response to Notice to Give, NTG-VGS-003, VGS.0005.0001.0001 at 0005.
- 115 PFLR-3.24 (Coroners, Victoria response), PFL.0031.0008.0006 at 0017; Coroners Court of Victoria, ‘The Court: Coroners Prevention Unit’, webpage, last updated 28 February 2023, www.coronerscourt.vic.gov.au/about-us/our-people/court, viewed 15 May 2024.
- 116 Coroners Court of Victoria, ‘The Court: Coroners Prevention Unit’, webpage, last updated 28 February 2023, www.coronerscourt.vic.gov.au/about-us/our-people/court, viewed 15 May 2024.

- 117 Coroners Court of Victoria, 'The Court: Coroners Prevention Unit', webpage, last updated 28 February 2023, www.coronerscourt.vic.gov.au/about-us/our-people/court, viewed 15 May 2024.
- 118 Legislative Council Select Committee on the Coronial Jurisdiction in New South Wales, Parliament of New South Wales, *Coronial Jurisdiction in New South Wales*, April 2022, p vi.
- 119 PFLR-3.19 (Coroners, NSW response), PFL.0031.0006.0005 at.0014.
- 120 Legislative Council Select Committee on the Coronial Jurisdiction in New South Wales, Parliament of New South Wales, *Coronial Jurisdiction in New South Wales*, April 2022, pp xi–xiii.
- 121 PFLR-3.17 (Coroners, Queensland response), PFL.0031.0005.0019; PFLR-3.24 (Coroners, Victoria), PFL.0031.0008.0006; PFLR-3.30 (Coroners, South Australia response), PFL.0031.0010.0003.

29 Use of data and research by Defence and DVA

Summary

In this chapter, we discuss our findings and recommend actions relating to data, research and evaluation. This chapter covers:

- improving suicide, suicidality and self-harm data, particularly at Defence
- introducing a robust suicide surveillance system using data from Defence, the Department of Veterans' Affairs (DVA), other Commonwealth and state and territory agencies, and non-government organisations
- improving access to data to better understand suicide and suicidality
- addressing issues with the management and use of data, particularly at Defence
- enhancing research and evaluation practices at Defence and DVA
- supporting researchers to improve the evidence base around defence and veteran suicide and suicidality.

We found that while Defence and other government and non-government agencies collect a range of data, it is often not well managed, not available to decision-makers in a timely manner, and not collated to provide a holistic view of the serving and ex-serving Australian Defence Force (ADF) population.

We also found that research practices could be improved to increase understanding of issues relating to veteran suicide and so that programs and policies for supporting serving and ex-serving members and their families are fit for purpose, well designed and evidence based. The need for improvement extends to evaluation practices. Strategies, programs and interventions relevant to member wellbeing, and suicide prevention and monitoring, have often not been evaluated. If they were, the evaluation did not provide useful information on their effectiveness.

We are concerned by the findings of our review. To address the identified issues, we provide 16 recommendations that we believe will improve data, research and evaluation and their use to prevent veteran deaths by suicide.

Among these, we recommend establishing a National Veterans' Data Asset to combine disparate data on suicide, suicidality, self-harm and health in a timely manner. This would provide the evidence base that is needed to guide suicide prevention efforts. For the data asset to be effective, action is needed, particularly by Defence, to improve the quality of and access to data to be included in the data asset.

In addition to the National Veterans' Data Asset, steps can and should be taken to improve the evidence base associated with veteran suicide prevention. We provide recommendations to advance the collection and use of data and improve the quality of research and evaluation. This necessarily involves government departments and agencies, but actions must also focus on improving partnerships with the research community and those with relevant lived experience.

Acting on these recommendations will strengthen data, research and evaluation practices. As a result, governments and other stakeholders will be better placed to understand the veteran population and develop and monitor programs and policies that support veterans and their families.

29.1 Introduction

1. This chapter sets out issues with data, research and evaluation that we identified during our inquiries and the solutions we offer to address them. The Australian Institute of Health and Welfare (AIHW) states that reporting data can raise community awareness of suicide, suicidality and self-harm, contribute to research, and improve responses and support services for people at risk of suicide. Data also informs the design and targeting of suicide prevention activities¹ and plays a crucial role in understanding and improving policies to promote the health of serving and ex-serving ADF members.²
2. To meet our terms of reference, we have explored and inquired into key data holdings on suicide, suicidality and self-harm at Defence, DVA and other government and non-government agencies (including state and territory agencies). We have focused on data and data systems because they contribute to our understanding of serving and ex-serving member suicide deaths, the impact of those deaths, and the factors that increase or reduce the risk of death by suicide, and of suicidality and self-harm.
3. Research activities and good evaluation practices provide governments and other stakeholders with information to guide their decision-making on suicide prevention strategies and interventions.³ Research is critical to filling gaps in our understanding of suicide, suicidality and self-harm.⁴ Evaluation is important because it provides an understanding of what programs and policies are working (or not working) and why.⁵
4. The value of good data, research and evaluation notwithstanding, we recognise that these information sources should be considered in partnership with information from the most important stakeholders in addressing veteran suicide – serving and ex-serving members and their families. Throughout this report, we draw on the information provided through submissions, private sessions, evidence at hearings and other engagements we have made. Further information on our engagement with members and their families and the Royal Commission's research program is available in the preliminary material of Volume 1 and Volume 7, Appendices.

5. Appropriate data governance processes and controls are needed when collecting and sharing data and conducting research and evaluation based on personal and sensitive information.⁶ This point is not lost on us – ethical, privacy and legal issues must be considered before data collections and research projects are altered or introduced.
6. This chapter begins by discussing the practices and processes of Australian Government agencies involved with collecting and monitoring data on suicide, suicidality and self-harm among serving and ex-serving ADF members. We consider the nature and timeliness of available data and make the case that the current system needs to be improved.
7. We also identify concerns about poor data management practices, particularly in Defence, which has itself identified structural problems with its data management.⁷ We identify ways for Defence to provide better access to data by decision-makers and note the need to improve the quality and use of data. Improvements are needed to ensure that the best possible information is available to those who make decisions impacting serving and ex-serving ADF members.
8. Our focus then turns to research and evaluation. Although key research findings are included throughout the report, the Royal Commission has also explored the priorities and processes of Australian Government agencies to produce research and evaluate programs and interventions relevant to serving and ex-serving member suicide deaths.
9. We discuss the importance of transparency in research activities and the need to act on and follow up on research findings. We also discuss the need to improve the systems supporting research. We show that research systems will benefit from greater coordination between government agencies and the research community. This should involve Defence and DVA opening themselves up to greater collaboration, including with serving and ex-serving ADF members with lived experience of suicidality and self-harm.

29.2 Improving suicide monitoring of serving and ex-serving members

10. The World Health Organization has stated that:

The timely registration and regular monitoring of suicide data form the backbone of any suicide prevention efforts and national suicide prevention strategies. Doing so provides essential information for understanding the scope of the problem so that interventions can be tailored to meet the needs of populations.⁸

11. In Australia, AIHW conducts suicide monitoring of serving and ex-serving members. AIHW told us in a public health context, this involves recording prevalence and incidence data to understand systemic issues.⁹ The most recent AIHW veteran suicide monitoring report was released in November 2023. The report revealed a total of 2,007 confirmed suicide deaths between 1 January 1985 and 31 December 2021 among ADF members who had served at least one day since 1 January 1985.¹⁰

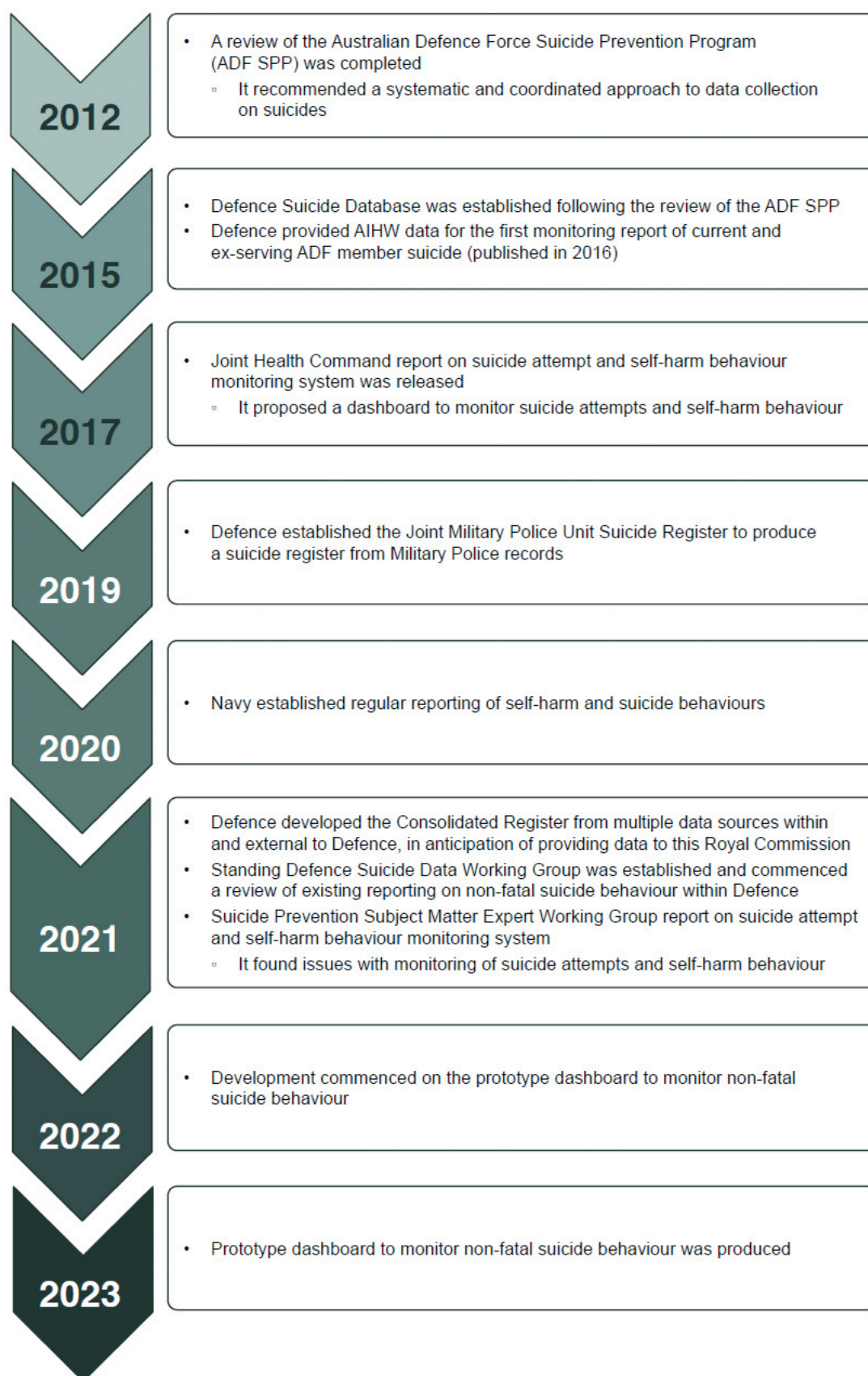
12. AIHW first published a suicide monitoring report for serving and ex-serving ADF members in 2016 and has reported annually since 2018.¹¹ AIHW conducts this monitoring work by linking Defence personnel data with mortality data.¹² We discuss AIHW monitoring in more detail in section 29.2.3 of this chapter.
13. AIHW monitoring reports are provided to the Chief of the Defence Force as one of the key reports he receives on suicide and suicidality of serving and ex-serving ADF members.¹³ Additionally, the Chief of the Defence Force receives briefs based on Defence's own monitoring of deaths by suicide.¹⁴

29.2.1 Defence should improve its data collections relating to suicide

14. Defence holds information on suicide, suicidality and self-harm of its members.¹⁵ This includes information from Defence's suicide databases, the Defence electronic Health System (DeHS) dataset, data from mental health screenings, and reporting on work incidents and injuries. Annexure 29.1 details these sources of information and outlines the concerns we hold and the limitations we identified with respect to this information.
15. Defence has made a number of attempts to implement a system for recording deaths by suicide. In our interim report, we discussed these databases.¹⁶ They are also included in Annexure 29.1. They include the Defence Suicide Database (DSD), Joint Military Police Unit (JMPU) Suicide Register and Consolidated Register of Suspected and Confirmed Suicides.¹⁷
16. The DSD was established in 2015, the JMPU Suicide Register in 2019 and the Consolidated Register of Suspected and Confirmed Suicides in 2021. Each has a different purpose and scope:¹⁸
 - The DSD was established to record the number of suspected and confirmed suicide deaths since 2000 of members serving full time at the time of their death. It is used for parliamentary and media responses.¹⁹
 - The JMPU Suicide Register was developed to consolidate information from Military Police records and includes suicide deaths from 1970 to 2021.²⁰
 - Defence developed the Consolidated Register from multiple internal (including the DSD and JMPU Suicide Register) and external data sources in anticipation of providing data to this Royal Commission.²¹
17. Defence decided in 2017 to expand its focus beyond deaths by suicide to monitor suicide behaviours.²² A suicide and self-harm behaviour monitoring and reporting system was proposed in the same year, leading to production of a monthly report on non-fatal suicide attempts, suicidal ideation and self-harm.²³

18. In August 2020, Defence established a subject matter expert working group to inform the enhancement, development and use of a suicide prevention monitoring mechanism.²⁴ In September 2021, Defence established the Suicide Data Working Group to oversee the development of a new dashboard, updated monthly, to monitor non-fatal suicide behaviours.²⁵ At the time of writing, the dashboard remained a prototype.²⁶
19. Many of the actions Defence has taken on suicide monitoring and reporting have been informed by internal reviews. In 2017 and 2021, Defence received reports by its own staff that identified a need to bring together better information on suicide, suicidality and self-harm.²⁷ The 2021 report noted a range of problems, including:
 - data being underused and under-accessed
 - issues affecting the integrity of the data
 - systems not being aligned or integrated
 - the format of the data making it hard to identify patterns and systemic issues.²⁸
20. Figure 29.1 shows a number of actions Defence has taken that have led to the current suicide monitoring and reporting system. These have included producing reports and establishing suicide registers and databases, as well as convening a working group and producing a draft dashboard.

Figure 29.1 Timeline showing Defence suicide and self-harm reporting initiatives



Source: The information presented here was compiled from a number of sources, which can be found in the endnote.²⁹

21. Despite these attempts to improve reporting, our view is that Defence's current process for reporting suicidality and deaths by suicide is still limited.
22. 'Building the evidence' was a strategic objective of Defence's Suicide Prevention Program and Mental Health and Wellbeing Strategy 2018–2023. However, a December 2023 review found 'The lack of comprehensive and timely data on suicide and suicidality in Defence poses a major challenge to building the evidence'.³⁰
23. Although Defence holds a range of information relevant to suicide, the sum total of its efforts is a piecemeal system.³¹ In our view, it is not an appropriate system for recording and reporting suicide within Defence.
24. For example, attempted suicide is a powerful predictor of death by suicide.³² However, the then Chief of the Defence Force, General Angus Campbell AO DSC, admitted:

I am unable to provide the number (or approximate number) of ADF members who have attempted suicide in each year since 01 January 2000 due to an inability to access some records, and inconsistencies in record keeping over time. For some years, data is simply not available without conducting a manual audit of individual paper health records.³³

25. The Chief of Army, Lieutenant General Simon Stuart AO DSC, testified that Defence did not have a system that allowed him to receive reliable data identifying high numbers of self-harm incidents by cohort or location. He testified that Defence needs data of this kind to understand trends and produce insights.³⁴

Suicide databases do not provide enough information

26. Defence's suicide databases record information on some but not all ex-serving ADF members and current reserve ADF members.³⁵ Its incomplete approach to recording the deaths by suicide of ex-serving and reserve members limits the usefulness of its datasets as an accurate representation of suicide among those who have served.
27. Defence plans to develop a 'broader integrated database', meaning a new database that will include a range of coordinated data inputs from across Defence.³⁶ However, we were disheartened to find that Defence has not committed to capturing data on all reserve and ex-serving members in the new broader integrated suicide database.³⁷
28. We were also concerned to find that Defence could not answer our simple questions about the scope of the new database, such as whether it will include information not already available in Defence's existing database.³⁸ In 2021, an external report commissioned by Defence indicated that it would be valuable to record a range of different kinds of information:

This information might include, for example, the nature or method of the suicide, circumstances surrounding the suicide, and non-service factors including social, psychological and mental health factors (e.g. relationship and family breakdown, social isolation, substance misuse, mental health problems) that may have increased the risk of suicide.³⁹

29. The timeliness of Defence's work is concerning. Despite more than a decade of reports to and by Defence dealing with suicide reporting (see Figure 29.1), we note:
- In June 2022, General Campbell testified that it could take 'a couple of years' for Defence 'to create what will ultimately be a mature database' on suicides.⁴⁰
 - In March 2024, General Campbell said that work on the database had not moved as quickly as he thought it should.⁴¹
 - Scoping work on Defence's new broader integrated database did not begin until 2024.⁴²
 - Research commissioned by Defence to develop a map of risk and protective factors for suicidal ideation and behaviour in a military setting is not due to be complete until October 2024.⁴³
30. We are concerned that Defence does not see, or has only recently seen, the urgency of the situation. We are not yet convinced that its current path will lead to the implementation of a robust suicide monitoring system.
31. Notwithstanding our concerns around scope and timeliness, we acknowledge that Defence has discussed with DVA and AIHW establishing a register designed to be a single source of truth for monitoring deaths by suicide of current and former members.⁴⁴ We say more about the need for a comprehensive data source in section 29.3 of this chapter.

Reporting of suicide behaviours is limited

32. A dashboard for monitoring suicide behaviours of serving members has been in development since 2017 (see Figure 29.1) and at the time of writing it remained a prototype.⁴⁵ The prototype dashboard includes data on the number of members who have received on-base care relating to non-fatal suicide behaviours from 2015.⁴⁶
33. The dashboard only collates information from the DeHS and human resource workforce information.⁴⁷ As shown in Annexure 29.1, Defence collects information on self-harm from a range of other sources. For example, the Defence Policy and Security Management System records notifications of self-harm incidents of serving ADF members.⁴⁸ The Navy established protocols for reporting suicide behaviours and self-harm based on this system in 2017.⁴⁹ Yet no data from this system is used in Defence's suicide behaviours dashboard.⁵⁰
34. Neither does the dashboard include information on ADF members' use of off-base health care.⁵¹ We are concerned that this means the dashboard will under-report the extent of suicidality and self-harm in ADF members. A further concern is that impaired visibility or inconsistent reporting of ADF members' health care (whether obtained within or external to Defence) limits the ability to understand how suicidality manifests and how it should be managed within the ADF.⁵²

35. Defence advised us that the dashboard would provide monthly data updates.⁵³ However, from our review of the draft prototype dashboard, we were disappointed to see that the data would not allow month-by-month observations of changes in suicide behaviours because data is only reported annually.⁵⁴ This is unfortunate as it means, in its present form, the dashboard cannot be used to identify time periods of concern, nor provide information that Defence could use in a timely way to support its members.
36. Notwithstanding these concerns about the dashboard, we note that Defence is developing and implementing the new Health Knowledge Management System to replace the DeHS.⁵⁵ As part of the project, Defence will explore whether the new system could collect and report additional data related to suicide behaviours.⁵⁶ The project is scheduled to be completed in 2025.⁵⁷ It is therefore too early for us to determine what impact, if any, this system will have on the quality and availability of suicide behaviours data and any subsequent impacts on reporting, such as on the suicide behaviours dashboard.

Data on vulnerable populations is inconsistent

37. The National Suicide Prevention Adviser delivered advice to improve the effectiveness of government efforts to reduce suicide attempts and suicide deaths, and provide earlier support for people in distress.⁵⁸ The advice identified multiple population groups that may benefit from targeted support given their suicide risk.⁵⁹ These groups include adult and older men; First Nations people; people from the lesbian, gay, bisexual, transgender, intersex, queer and questioning, and other sexual identities (LGBTIQ+) community; culturally and linguistically diverse people; women; and veterans.⁶⁰
38. We are concerned that Defence has failed to collect and use data on members of vulnerable populations to the degree that it could have.
39. Information about the culturally and linguistically diverse and First Nations status of ADF members is recorded in Defence personnel records.⁶¹ This information is collected if and when members self-identify.⁶² Although the DSD includes this information, it is not part of the dashboard Defence uses to monitor suicidality and self-harm among ADF members.⁶³
40. Defence has told us that data on culturally and linguistically diverse people has been collected for ADF members since 2002.⁶⁴ However, this information has not been used to inform enterprise-level policy, and is only being considered for use in 2024.⁶⁵ We believe the information captured by Defence on culturally and linguistically diverse and First Nations identities should be included in suicide monitoring and used to inform efforts to prevent suicide, suicidality and self-harm.
41. We asked Defence what information it records about the LGBTIQ+ identity of ADF members. It said it does not record any information on the LGBTIQ+ identity of ADF members through its personnel data system.⁶⁶ Nor is any information on LGBTIQ+ identity recorded in the DSD or captured in the suicidality and self-harm monitoring dashboard.⁶⁷

42. An external review of the ADF Suicide Prevention Program found that:

Overall, there appears to be a lack of acknowledgement of population groups at higher risk and who may require different types of SPP [Suicide Prevention Program] interventions, including members who have diverse sexual orientations.⁶⁸

43. We discuss additional matters to do with collecting and using data on vulnerable ADF population groups through Defence surveys in section 29.6.2. We also discuss additional improvements Defence should make in its use of data in section 29.5.6.
44. In our view, Defence should improve its data collection processes to grow its understanding of these groups' experiences in the ADF and associated rates of suicide and self-harm. Importantly, this should be done in, and subject to, consultation with these groups. This information should be used to inform its Suicide Prevention Program.

Defence should implement a fit-for-purpose suicide database

45. The evidence available to us reveals an urgent need for a fit-for-purpose Defence data system that will help with understanding and preventing deaths by suicide, suicidality and self-harm.⁶⁹ We recommend that Defence implement such a database.
46. Defence says there is no formal means by which it is notified of reserve or ex-service personnel who are suspected or confirmed to have died by suicide.⁷⁰ However, without this kind of data, Defence cannot gain a full understanding of suicide among those who have served. We note that our proposed National Veterans' Data Asset (see Recommendation 107) would allow for bringing together timely data relating to these cohorts. In the interim, we encourage Defence to take a respectful and proactive approach to informing itself about the deaths of reserve and ex-serving members for its new suicide database. We consider opportunities available to Defence in Chapter 28, Coroners.
47. Defence's new database should also capture key data points relevant to understanding the factors that surround deaths by suicide. It should review the risk and protective factors identified in Chapter 1, Understanding suicide, and those identified in the *Interim Report* and key research reports (such as those referred to in Annexure 29.6) to develop the data points that should be included in the database.⁷¹ We have found that important risk and protective factors that should be captured include a person's military occupation, combat experience, geographical relocation history, history of separation from family, and exposure to life-threatening situations.⁷² These factors are not all included in the DSD.⁷³
48. The head of the Royal Commission taskforce in Defence, Air Vice-Marshal Barbara Courtney AM, and all service chiefs stated that service can impact the lives of individuals for the worse, and sometimes for the rest of their lives.⁷⁴ The effects of military service do not stop at separation from the ADF. Defence should include data on risk factors for serving and ex-serving members.

49. Defence should include these factors in a fit-for-purpose database to enable a longitudinal view of these factors in a person's Defence career. This data should be managed with due regard to the sensitivity of the information and the privacy of each individual. It should not be used for reasons beyond suicide monitoring and for developing and improving initiatives to address suicide, suicidality and self-harm.
50. The database should capture information on suicide attempts, suicidality and self-harm. It should also draw from existing data Defence stores through its health system, mental health screening processes (including information recorded during recruitment and any mental health screens conducted in *ab initio* training) as referred to in Chapter 3, Recruitment and initial training, incident reports and its workplace health and safety system. We discuss this data in Annexure 29.1. This information is not used as part of suicide reporting and should be better leveraged.
51. In our interim report, we suggested that Defence look to the United States as an example of what more could be done on suicide monitoring and reporting. The United States Department of Defense (DOD) reports extensively on suicide and suicide-related behaviour within the United States military. The DOD publishes the suicide counts and rates across its armed forces each year.⁷⁵ The publications include risk and contextual factors for suicide deaths and attempts in the military.⁷⁶ The data collection for suicide reporting is extensive, including more than 500 data items. When authorised to do so, the DOD also captures information from family, friends and colleagues.⁷⁷
52. We reiterate our suggestion that Defence review the DOD's work. We also encourage it to work with suicide and military suicide experts when developing the new database.
53. The new database should also include data on vulnerable population groups (including those mentioned earlier) to improve Defence's understanding of these groups' rates of suicide and suicidality. This will be essential to understanding whether additional supports are needed for these groups.
54. However, the new database should not be the end of efforts to improve the quality of suicide data and reporting. It should be an interim step to developing a more comprehensive National Veterans' Data Asset (see Recommendation 107).

Recommendation 106: Establish a suicide database of serving and ex-serving members

Defence should design and develop a new suicide database that is appropriate for the purpose of suicide monitoring and reporting of all relevant data of permanent, reserve and ex-serving members. The design and development of the database should:

- (a) leverage data collected throughout the service journey from recruitment to discharge and beyond
- (b) capture a broader range of risk and protective factors, including but not limited to recording incidents of unacceptable behaviour and injuries, which is necessary to improve understanding of suicide, suicidality and self-harm
- (c) be informed by best-practice approaches from other countries, including the United States.

29.2.2 DVA should make appropriate use of the data it holds

- 55. In addition to considering Defence data systems, we assessed the data and information held by DVA. Annexure 29.2 outlines key DVA datasets related to suicide, suicidality and self-harm. We note there our concerns about the limitations identified with this data. Key data sources for DVA include claims data from clients (for example, claims for mental health conditions), and records of health services accessed by DVA cardholders.⁷⁸
- 56. We expect DVA to use and share relevant data it holds to improve the quality of veteran suicide and suicidality monitoring. We believe this is consistent with DVA's responsibility to support the wellbeing of those who serve or have served in defence of our nation and their families.⁷⁹ To this end, DVA should share the relevant data it holds with AIHW for the National Veterans' Data Asset (see section 29.3.2). When sharing sensitive and personal information, we expect DVA to ensure it adheres to relevant legislation and best practice standards.
- 57. DVA holds a list of names of clients who are reported to DVA as having died by suicide, or suspected of having died by suicide.⁸⁰ The list includes details about the deceased, including name, age, gender, date of death, service arm and history of operational deployments. It also includes information about whether the veteran was known to DVA or Open Arms and whether the veteran had any outstanding DVA claims.⁸¹
- 58. DVA uses the list to brief internal DVA staff, including the DVA Secretary, and the Minister for Veterans' Affairs.⁸² However, DVA does not share the information with any

other government departments unless required to by law; for example, to support a coronial inquest or provide information to this Royal Commission.⁸³ According to DVA, the information is not shared because:

- it was not collected with sharing in mind
- DVA has not identified a need to share this information
- DVA has concerns about verifying information in the list.⁸⁴

59. DVA said it would consider sharing the information if it became aware of a need to do so.⁸⁵ We believe suicide monitoring is such a need. DVA should be aware of the value of the data it holds because it was able to identify 634 unique cases of possible or probable death by suicide of veterans outside the official AIHW suicide monitoring work.⁸⁶ The list should be shared with other government departments, where it is appropriate to do so and where these departments could use this information to improve monitoring and thus build understanding to aid suicide prevention efforts. We agree with DVA that the disclosure of this data should be subject to ethical considerations.⁸⁷
60. To this end, we recommend that key DVA datasets relevant to suicide, suicidality and self-harm – including the list of names it holds – be included in the new National Veterans' Data Asset (see Recommendation 107).

DVA should learn from past failings

61. When considering sharing sensitive and personal information such as health data to the National Veterans' Data Asset, DVA should ensure it adheres to relevant legislation and best practice standards. We are concerned that DVA's approach to sharing information has not always been consistent with this.
62. The DVA-supported research program Veterans' Medicines Advice and Therapeutics Education Services (MATES) was designed to improve ex-serving members' use of medicines and reduce related adverse events.⁸⁸ The program improved health outcomes, saved lives and prevented hospitalisations.⁸⁹
63. To enable the MATES program, DVA shared personal and sensitive data about ex-serving members with the University of South Australia via Services Australia.⁹⁰ According to DVA, all data transfers had ethics approvals.⁹¹
64. Following a complaint made by an ex-serving ADF member in 2017 to DVA, and then to the Office of the Australian Information Commissioner in 2018, the Commissioner determined that DVA had used and disclosed the ex-serving member's information in a way that was not consistent with the Australian Privacy Principles.⁹²
65. According to DVA:
- The Determination identified an instance where a request to opt out was not completely actioned, and the individual's personal information was subsequently used and disclosed for Veterans' MATES Program purposes.⁹³

66. The Defence and DVA Human Research Ethics Committee (DDVA HREC) withdrew its ethics approval for the project on 6 February 2024.⁹⁴ The Minister for Veterans' Affairs and Defence Personnel, the Hon Matt Keogh MP, asked the department to close down the MATES program on 9 February 2024.⁹⁵ We are disappointed that the privacy breach occurred and that a program that improved health outcomes has been closed.⁹⁶
67. DVA said alternatives needed to be considered to provide health benefits to the veteran community while meeting community and stakeholder expectations around ethical and data use requirements.⁹⁷
68. We acknowledge that DVA had an external organisation complete two reviews in 2023 related to the MATES program:
- An assurance review examined the status of requests for individuals to opt-out of the MATES program. The review found that the information of all individuals who opted out was removed by the University of South Australia, which managed the MATES database.⁹⁸
 - A process review examined the way DVA managed opt-out consent for the MATES program.⁹⁹ The review made seven recommendations to DVA. DVA said it will consider these when developing any future program.¹⁰⁰
69. We are encouraged by DVA initiating these reviews to the extent that it indicates a willingness by DVA to learn and improve its practices with respect to data sharing. In this spirit of improvement, we suggest the following to DVA:
- (1) Communicate appropriately with relevant parties when aware of concerns about information-sharing practices. We are concerned that DVA did not notify the DDVA HREC or the University of South Australia when the privacy complaint was made in 2017.¹⁰¹ Between 2017 and 2023, university researchers and the DDVA HREC made decisions, such as conducting further research and issuing ethics approvals, without the benefit of information about the complaint.¹⁰²
 - (2) Ensure processes are in place to provide complete information to investigatory bodies. We note that DVA only identified and subsequently disclosed some relevant information to the Office of the Australian Information Commissioner after the Commissioner made their findings about the MATES privacy complaint.¹⁰³
 - (3) Ensure other programs do not suffer from the same privacy issues as the MATES program. In 2023, DVA consulted across the department and found that no other DVA program used DVA client data and a participant consent model in the same way as the MATES program.¹⁰⁴ However, we also understand that other non-departmental research projects have used similar MATES program data.¹⁰⁵ Given this, we suggest DVA and the DDVA HREC may benefit from consulting with the Office of the Australian Information Commissioner and researchers about the disclosure and use of data under these other research projects.
70. Although we expect DVA to use and provide relevant data it holds to support suicide research, we note that when doing this DVA should abide by existing legislation, using best practice data-sharing practices and safeguards, and in line with veteran

expectations. We recommend that DVA put in place appropriate arrangements to facilitate access to relevant data for the National Veterans' Data Asset (see Recommendation 108). We note that DVA has established a Data Governance Board and is committed to developing a charter for the handling of personal information, including outlining its commitment to ensuring data is used ethically, securely and respectfully.¹⁰⁶

29.2.3 Suicide monitoring by AIHW should continue to be independent

71. Earlier in section 29.2, we identified that AIHW monitors and reports suicide deaths of serving (including reservists) and ex-serving ADF members. AIHW's reporting is valuable because it is an independent statutory Australian Government agency with a legislated function to produce health-related information and statistics.¹⁰⁷ AIHW reports are also made publicly available, which means that findings are readily accessible and a range of stakeholders can use them. For example, information from these reports can be used to understand the impact of programs designed to reduce suicide in serving and ex-serving members.¹⁰⁸
72. We acknowledge that DVA has contributed to veteran suicide monitoring efforts by funding AIHW to conduct a program of veteran suicide and self-harm monitoring.¹⁰⁹ In contrast, Defence has historically not provided any funding to AIHW for suicide monitoring despite receiving an annual appropriation from the Australian Parliament that dwarfs DVA's. Only since this Royal Commission began has Defence agreed to provide funding to AIHW.¹¹⁰
73. DVA funding to AIHW has historically been facilitated by memorandums of understanding.¹¹¹ This enables DVA to set the parameters of what AIHW delivers in its work program. DVA and AIHW told us they jointly agree on the work program and priorities.¹¹² In our view, this arrangement may potentially restrict AIHW's work. Further, AIHW told us that longer-term funding arrangements would be beneficial.¹¹³
74. We believe that the funding for AIHW's defence and veteran suicide research needs to be safeguarded so that this valuable information remains available to government and the Australian community. Funding for this important work should be assured through longer-term arrangements.
75. Funding for this work should also be independent of DVA. Funding AIHW through an independent source would eliminate any real or perceived conflict of interest arising from DVA negotiating with AIHW on its program of work. It is imperative that suicide monitoring be independent and conducted in a space entirely free from real or perceived conflicts of interest. The funding should reflect this.
76. To address these issues, AIHW should receive an annual funding appropriation (see Recommendation 107). This would provide greater certainty to all stakeholders by providing independence and allowing for improved planning of an expanded research program. The appropriation should provide funding for AIHW's annual suicide monitoring reports as well as a broader program of research into veteran health and wellbeing.

77. An expanded research program should aim to increase understanding of risk factors for suicide and suicidality. We note that this would include work discussed later in this chapter, such as using multiple data assets to understand suicide and suicidality in families (Recommendation 121). This should also include building on the work of this Royal Commission, as discussed in Chapter 1, Understanding suicide.
78. Under our recommended arrangements, DVA should still be able to engage AIHW for separate pieces of work. DVA has indicated that it has potential projects for AIHW, but does not have sufficient funding for this work.¹¹⁴ AIHW also told us about a number of research projects that could be initiated if more funding was available.¹¹⁵ These could provide information, for instance, on how deployment affects health outcomes in serving and ex-serving ADF members.¹¹⁶
79. We also note that a key use of the proposed appropriation would be enabling the establishment and maintenance of the National Veterans' Data Asset (see Recommendation 107). This would bring together several datasets, enabling AIHW to conduct the work outlined earlier in this section. This is discussed further in the following sections.

29.3 Building a more robust suicide-surveillance system

80. 'Suicide surveillance' refers to the collection and use of data about suicide and suicide-related behaviours. Surveillance of incidents of deaths by suicide, suicidality and self-harm provides crucial information to guide effective action, including planning, implementing and evaluating measures to reduce deaths by suicide.¹¹⁷ According to the World Health Organization:

High-quality surveillance for suicide prevention must be perceived as a necessity in order to provide the data to inform necessary action. Without high-quality surveillance, the safety of a population is compromised.¹¹⁸

81. It has been suggested to us that in the public health context, suicide surveillance is distinct from suicide monitoring.¹¹⁹ While monitoring involves using data to record prevalence and incidence, suicide surveillance typically requires the availability of real-time data, which enables a response to particular events.¹²⁰
82. In this section, we discuss the need for a new surveillance system that provides more comprehensive and timely information on suicidality and suicide deaths of serving and ex-serving ADF members. Such a system would be distinct from the existing suicide monitoring currently conducted by AIHW.¹²¹ We recommend a new surveillance system in the form of our proposed National Veterans' Data Asset, which would bring together existing data from Commonwealth, state and territory governments, as well as non-government organisations. This surveillance system would provide decision-makers with the information needed to save lives and improve the wellbeing of serving and ex-serving members and their families.

83. The National Veterans' Data Asset should include the information collected by Defence and recorded in its new suicide database (see Recommendation 106). It is therefore important that Defence does not delay implementing Recommendation 106.
84. The next section discusses the need for timely information sharing through appropriate arrangements, to enable the creation of the National Veterans' Data Asset. We subsequently discuss how the data asset should be used to support serving and ex-serving members.

29.3.1 Improving the timeliness of data

85. Although the existing AIHW monitoring work is critical to monitoring deaths by suicide among serving and ex-serving members, we note that AIHW's annual monitoring reports are around 21 months out of date by the time they are published.¹²² When timely data is available alongside geographic data, there is an opportunity to identify and analyse suicide clusters by location, then develop plans to prevent and respond to those clusters.¹²³ Specific interventions can be put in place to prevent further suicide deaths and self-harm.¹²⁴ Responses can also include postvention, which is the support provided to family members, friends and colleagues following a suicide death.¹²⁵
86. Recent research from the University of Melbourne using general population suicide data from Victoria has indicated that it is possible to detect suicide clusters in near-real time.¹²⁶ The researchers note that it would be possible to test the system nationally, and that self-harm data could also be included in the system.¹²⁷
87. Access to timely data is also important for the most senior levels of the Australian Government. In testimony to this Royal Commission, Deputy Prime Minister and the Minister for Defence, the Hon Richard Marles MP, agreed that access to timely and accurate data contributes to the ability of a senior minister to discharge their ministerial responsibility.¹²⁸
88. We acknowledge that the current delay in AIHW reporting is driven by many factors, including that coronial investigations can take a long time to conclude.¹²⁹ Despite these factors, we believe there are technical solutions that could produce more timely data. We discuss these solutions below.

Timely data sources on suicide

89. We commissioned the University of Melbourne to develop a roadmap to real-time monitoring of deaths by suicide.¹³⁰ The roadmap outlines how the data held by Defence, and states and territories, could be used to move towards real-time monitoring.¹³¹ We consider this roadmap to be a useful starting point for Australian governments to begin planning for real-time monitoring.
90. Most states and territories have established suicide registers.¹³² These suicide registers are important because they include timely information on confirmed and suspected deaths by suicide.¹³³ For example, the Coroners Court of Victoria publishes information

from the Victorian suicide register within a month of the death.¹³⁴ Suicide registers are operated by state and territory governments, with data included from coroners and police reports.¹³⁵

91. Western Australia is the only jurisdiction without a suicide register, though it is currently developing a suicide monitoring system.¹³⁶ However, the system will only collect data on confirmed suicides, with a lag of around 18 months between the occurrence of a death and its inclusion on the register.¹³⁷ This approach is not conducive to the provision of timely data, and contrasts with all other states and territories that include confirmed *and suspected* suicides in their registers.¹³⁸

92. The inclusion of suspected suicides produces more timely data but only has a small impact on the accuracy of the statistics. AIHW has told us that:

Victorian Suicide Register analyses have shown that over time, there is consistently less than 5% difference between the number of suicides initially identified as suicides, and the number of deaths ultimately confirmed as suicides¹³⁹

93. Western Australia should collect and monitor data on suspected suicides so it has timely information to assist action.
94. Existing AIHW monitoring of deaths by suicide among serving and ex-serving ADF members links Defence personnel data with National Death Index data to identify deaths by suicide.¹⁴⁰ We suggest a similar approach could be adopted, linking Defence personnel data with information in state and territory suicide registers. This would enable much more timely data on deaths by suicide among serving and ex-serving ADF members compared to the current monitoring system.
95. Data from some of the state and territory suicide registers is already provided to AIHW to support the work of the Australian Government.¹⁴¹ The data that is currently shared is not person-level or identifiable data.¹⁴² However, person-level and identifiable data *would* be required for AIHW to link Defence data to suicide register data and then conduct suicide surveillance of serving and ex-serving ADF members.¹⁴³
96. AIHW has told us that this could be done, subject to obtaining the necessary information and the relevant ethical approval and data custodian approval from states and territories and Defence.¹⁴⁴

Timely data sources on suicidality and self-harm

97. More timely surveillance should not be limited to data on deaths by suicide. Timely monitoring of suicidality is also vital to identifying at-risk cohorts, enabling interventions that could prevent people from progressing from suicidality or self-harm to death by suicide.
98. Several data sources relevant to understanding suicidality – including ambulance, emergency department and police data – could be used for timely surveillance of serving and ex-serving ADF members if linked to Defence personnel data.

99. The National Ambulance Surveillance System includes information on self-injury (non-fatal intentional injury without suicidal intent), suicidal ideation (thinking about killing oneself without acting on the thoughts), suicide attempt (non-fatal intentional injury with suicidal intent, regardless of likelihood of lethality) and suicide (fatal intentional injury with suicidal intent).¹⁴⁵ Turning Point, a health research and social care organisation, currently collates data from the National Ambulance Surveillance System in participating states and territories.¹⁴⁶ Turning Point obtains person-level information from the National Ambulance Surveillance System, but only aggregate information is provided to AIHW.¹⁴⁷ AIHW indicated it would be possible to link the person-level data.¹⁴⁸
100. Another data source is mental health presentations and suicide and self-harm presentations at emergency departments – data that states and territories collect. AIHW has already received some data related to emergency department presentations from every jurisdiction.¹⁴⁹ To date, AIHW has received data on suicide and self harm–related presentations from New South Wales, Victoria, Queensland and Western Australia.¹⁵⁰
101. Information on suicide behaviours and risk factors is also included in police incident reporting data. This data is collected from police incident reports prepared by state and territory law enforcement authorities. Information from police incident reports has been incorporated into some state and territory suicide registers.¹⁵¹
102. These data sources can be used to enhance understanding of suicidality. For example, we commissioned a study that identified serving and ex-serving members who had a suicide-related contact with police or paramedics in Queensland, by linking these data sources with Defence personnel data.¹⁵² The study revealed that 1,625 serving and ex-serving members made suicide-related contact with emergency services in Queensland over a three-year period. Around 17% of these were serving members.¹⁵³
103. We are hopeful that ambulance, emergency department and police incident data, when linked with Defence personnel data, can provide insights into cohorts at greater risk of suicidality and self-harm. These insights could lead to a better understanding of risk and protective factors, informing policies that can help save lives.

Challenges to linking more timely data

104. Moving towards more timely data collection for veteran suicide surveillance is not without its challenges. For example, we have already discussed the fact that Western Australia does not have a suicide register.
105. Some states and territories have told us about barriers to sharing identifiable data from suicide registers. For example, Coroners Acts in the Australian Capital Territory and Western Australia prevent the sharing of identifiable data with AIHW.¹⁵⁴ In New South Wales and South Australia, specific data-sharing agreements would be needed in accordance with state legislation.¹⁵⁵ Victoria and Queensland would require agreements with or approval from the state coroner in order to share suicide register data.¹⁵⁶ Legal barriers also exist for other data sources.¹⁵⁷

106. We acknowledge that there are other challenges too, and note some of them below. This list is indicative, rather than exhaustive. We include it here to give a sense of what needs to be overcome:
- There are differences in how data is collected and treated across jurisdictions. Different suicide registers have different processes and protocols for identifying suspected suicide deaths.¹⁵⁸ This means that registers cannot be directly compared with one another.¹⁵⁹
 - There are privacy implications of sharing this type of data. State and territory suicide registers and suicidality data sources include sensitive information such as people's name, age, usual residence, and physical and mental health. Any new system must be developed with due caution and attentiveness to the sensitivity of the information and the privacy of people's data. We note that established practices exist, both in legislation such as the *Privacy Act 1988* (Cth) and through other frameworks, such as the Five Safes framework, to manage data confidentiality.¹⁶⁰ Additionally, this is already effectively managed under AIHW's current monitoring, which has similar privacy aspects and is conducted in accordance with ethics processes.¹⁶¹
 - Suitable data for data linkage must be made available by states and territories. For example, data from the National Ambulance Surveillance System that is provided to AIHW is aggregate data, and therefore not suitable for data linkage.¹⁶² South Australia does not provide any data for the National Ambulance Surveillance System.¹⁶³
 - Presentations to hospital emergency departments relating to suicide attempts or self-harm cannot be easily identified in the current national emergency department data collection.¹⁶⁴
 - Information from each data source would need to be provided in a timely manner to enable timely linkage. Data linkage, especially when done frequently, is a resource-intensive exercise.¹⁶⁵
107. Challenges with sharing data are significant but we do not believe they are insurmountable. We have heard that the Commonwealth and states and territories have had a 'clear understanding of the privacy, legislative and consent barriers to sharing identified veteran data' between Commonwealth and state and territory government agencies since early 2022.¹⁶⁶ While acknowledging the barriers that are already understood, the benefits of having access to more timely data are too great for us to be deterred by the challenges. We discuss this topic further in Chapter 24, Empowering veterans to thrive.
108. States and territories and Defence should work with AIHW to overcome these barriers and develop a system that enables the linkage of Defence personnel data with state and territory suicide registers and suicidality datasets. If doing so requires legislative reform or data sharing agreements, these should be actioned.

109. Ideally there should be an automated system for sharing data with AIHW. In the short term, it appears possible to establish at least quarterly data sharing. Subject to addressing the aforementioned barriers – such as through changes to Coroners Acts, and establishing data sharing agreements and quality assurance processes – all states and territories except for Western Australia told us they could share data from their suicide registers with AIHW on a quarterly basis.¹⁶⁷
110. Table 29.1 shows our view of state and territory data-sharing capability, including the ability to share quarterly ambulance and emergency department data with AIHW under certain circumstances.¹⁶⁸ Some jurisdictions indicated they would be able to share quarterly police incident data with AIHW after overcoming some barriers, such as understanding the use of the data and improving data quality.¹⁶⁹

Table 29.1 State and territory capability for sharing timely data with AIHW for veteran suicide surveillance

Jurisdiction	Suicide register	Ambulance data	Emergency department data	Police incident data
New South Wales	✓	✓	✓	✓
Victoria	✓	✓	✓	✗
Queensland	✓	✓	✗	✗
South Australia	✓	✓	✓	✗
Western Australia	✗	✓	✓	✗
Tasmania	✓	✓	—	✓
Northern Territory	✓	✓	✓	✓
Australian Capital Territory	✓	—	—	—

Note: Tick marks indicate agreement to share data with AIHW on a quarterly basis. Crosses indicate no agreement to share data with AIHW. Dashes indicate no expression of agreement or disagreement to share data with AIHW. All agreements to share were subject to conditions including the establishment of data-sharing agreements and changes to legislation such as Coroners Acts. Information provided by Tasmania for emergency department data, and by the Australian Capital Territory for ambulance, emergency department and police incident data, neither agreed nor disagreed with sharing data.

111. We suggest that each of these states and territories take steps to enable data sharing, and that other states and territories examine their current arrangements before taking similar steps.
112. Overcoming these challenges will require technical expertise and close collaboration between the Commonwealth and states and territories. We believe AIHW and the National Suicide Prevention Office are well placed to progress this necessary work.
113. AIHW is a national statistical agency and conducts annual suicide monitoring of the serving and ex-serving member population.¹⁷⁰ The National Suicide Prevention Office is responsible for coordinating a whole-of-government approach to reducing suicide.¹⁷¹

114. The Australian Government has indicated its intent to transfer the National Suicide Prevention Office into the Department of Health and Aged Care by October 2024. At the time of writing, the longer-term function of the Office has not yet been determined.¹⁷² Noting this, our references to actions (including recommended actions) to be undertaken by the National Suicide Prevention Office should be read as actions to be undertaken either by the Office or by whatever body assumes its suicide coordination function if it is discontinued.
115. AIHW and the National Mental Health Commission (which now contains the National Suicide Prevention Office) previously collaborated to develop the national suicide and self-harm monitoring system.¹⁷³ This system collates and coordinates data to improve the quality, accessibility and timeliness of data on suicide and self-harm in Australia.¹⁷⁴ This collaborative experience should prove useful in developing a new surveillance system for the veteran population.
116. AIHW and the National Suicide Prevention Office should be resourced to work together to deliver this new veteran surveillance system using the timely suicide and suicide behaviour datasets we have identified. The resulting data will form part of the National Veterans' Data Asset (see Recommendation 107).
117. This will require all states and territories to have appropriate suicide monitoring systems in place. Where these systems do not already exist, such as in Western Australia, this should be addressed as a priority. Where legislation is a concern, the legislation should be reviewed to determine what revisions are needed to enable data sharing. Recommendation 108 deals with the need for all governments, including those of states and territories, to provide data to the National Veterans' Data Asset.
118. The National Veterans' Data Asset will require all states and territories to provide ongoing data to AIHW, though there is precedent for such an arrangement. For example, the National Disability Data Asset will collate a range of data held by government agencies about Australians with and without disability.¹⁷⁵ A 2021 pilot of the National Disability Data Asset brought together data from the National Disability Insurance Scheme, AIHW, participating state and territory governments and the Australian Bureau of Statistics (ABS).¹⁷⁶ In June 2023, the Australian Government announced that all state and territory governments had committed to delivering the National Disability Data Asset, including data sharing. The asset should be fully operational in 2026.¹⁷⁷
119. The rationale for the creation of the National Disability Data Asset was that 'governments already collect a wealth of data, but to resolve information gaps the data needs to be linked', and the 'imperative for Australian governments to leverage the data they collect to inform many decisions'.¹⁷⁸ We find that both statements ring true with respect to having adequate, timely data to support the veteran population. The National Disability Data Asset shows us what is possible when governments work together and commit to using information to best support Australians.
120. The National Disability Data Asset is being delivered based on the Australian National Data Integration Infrastructure.¹⁷⁹ The Australian National Data Integration Infrastructure is expected to streamline and improve the timeliness of building and making available integrated datasets.¹⁸⁰ The Australian National Data Integration

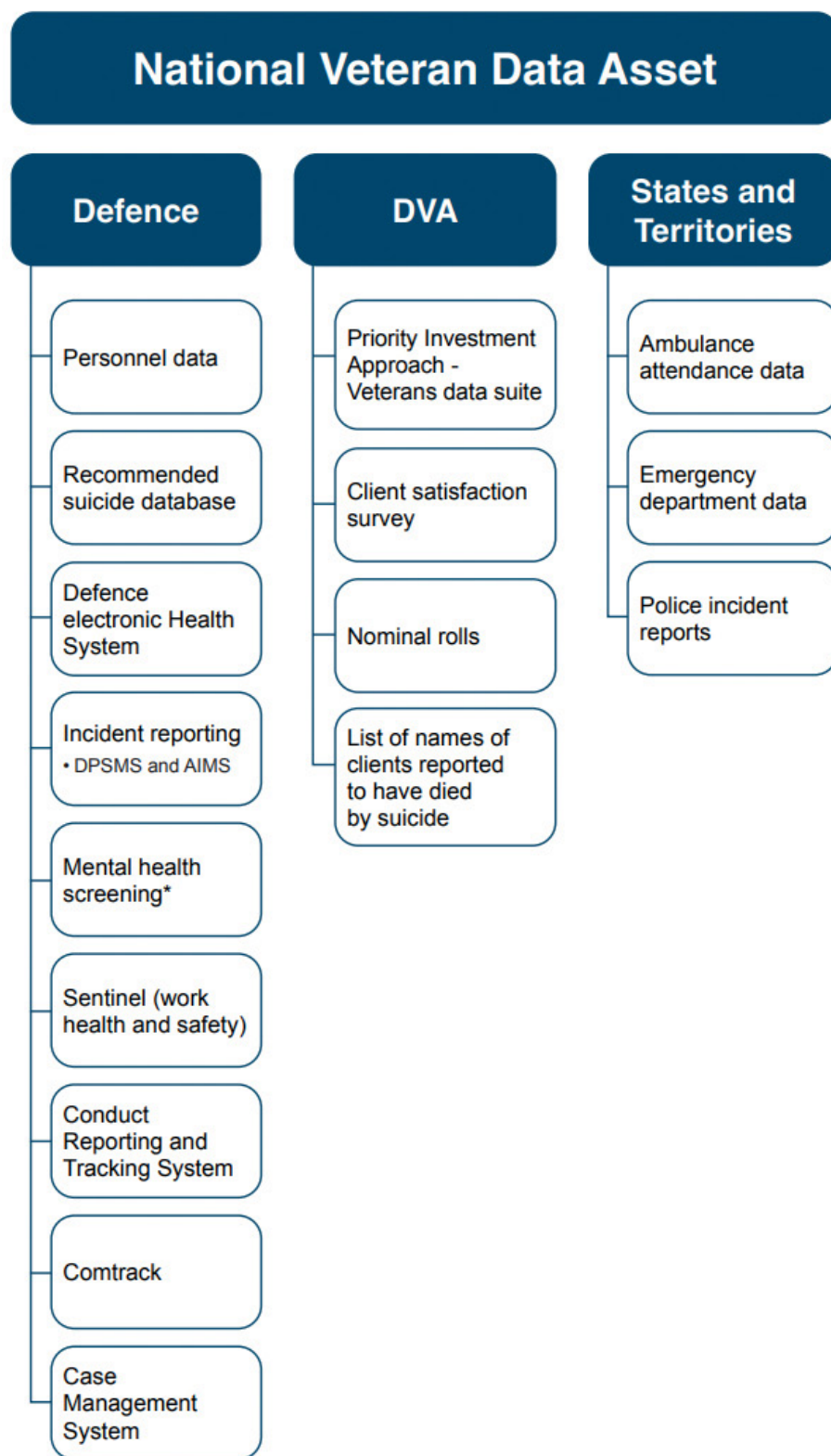
Infrastructure will include integration infrastructure as well as data-governance and data-sharing arrangements.¹⁸¹ The underlying technical and governance infrastructure for the Australian National Data Integration Infrastructure is being developed by the ABS and AIHW.¹⁸² Importantly, the Australian National Data Integration Infrastructure is being developed so that it can be reused for other purposes. This might include, for example ‘the creation of a data asset relevant to veteran health and wellbeing’.¹⁸³

121. Creating a data asset using the Australian National Data Integration Infrastructure for veteran health and wellbeing would require multiple data sharing agreements. This includes agreements regarding the creation of the asset; for appropriate data controls, flows and acceptable uses; for data provision; and for users of the data.¹⁸⁴ We suggest that as part of Recommendation 107, these agreements be developed.

29.3.2 A National Veterans’ Data Asset is needed

122. There is a substantial volume of data held across Australian governments that could be used to inform suicide surveillance of serving and ex-serving ADF members. We do not see the value in governments holding this data in separate silos. Australian governments should maximise the value of the data they hold.¹⁸⁵ This can only be done if they act to bring together and link the information that already exists, to build the best possible evidence base to support serving and ex-serving members.
123. To this end, we believe that the Australian Government should fund the development of an enduring National Veterans’ Data Asset (Recommendation 107). DVA suggested that it could bring together Defence and DVA data, and incorporate data from states and territories and non-government organisations, to be maintained by AIHW.¹⁸⁶ Defence also supported the creation of such a data asset, stating that doing so would have benefits from a whole-of-government and Defence perspective.¹⁸⁷
124. We agree. AIHW should lead the development of this data asset in collaboration with the National Suicide Prevention Office. AIHW has indicated that the data asset is viable, subject to considerations such as privacy, ethics and governance.¹⁸⁸
125. This data asset would link various datasets to provide a basis for more comprehensive, deeper and more accurate analysis of suicide, suicidality and self-harm. The data asset would bring together timely data sources (discussed in section 29.3.1) and Defence and DVA data (discussed in section 29.2) to provide a more comprehensive understanding of suicide, suicidality, self-harm, and the health and wellbeing of serving and ex-serving members.
126. We note that the data asset would provide a platform for generating de-identified insights that could inform the tailoring of policies or programs to smaller or larger cohorts of serving and ex-serving members. It should not provide identifiable information at the level of individual serving or ex-serving ADF members to researchers.
127. Figure 29.2 provides an overview of the proposed National Veterans’ Data Asset. In Table A3 of Annexure 29.3 we provide more detail on the data sources that should be included in the data asset. The data asset should be developed in stages, to capture early insights from data sources that are then easier to integrate into the asset.

Figure 29.2 Datasets to be included in the National Veterans' Data Asset



Notes:

The case management system will replace the previous Defence systems of AIMS, DPSMS, CRTS and ComTrack.¹⁸⁹ Data previously included in these systems, and now captured through the case management system should be included in the National Veterans' Data Asset.

* This should also include information recorded during recruitment and any mental health screens conducted in *ab initio* training, as discussed in Chapter 3, Recruitment and initial training.

128. New data sources that become available should be considered for inclusion in the National Veterans' Data Asset. This would ensure that the National Veterans' Data Asset remains fit for purpose and able to evolve and respond to future needs.
129. AIHW should also consider opportunities to harness and link the National Veterans' Data Asset with newly captured data on serving and ex-serving members. This includes data to be collected through enhanced ABS surveys, as discussed in Recommendation 119.
130. It is critical that the information in the National Veterans' Data Asset does not itself become siloed. Australian governments hold many data assets that already provide an immense amount of valuable data relevant to understanding the experiences of serving and ex-serving ADF members. It is important to enable linkages between these data assets and the National Veterans' Data Asset.
131. The data assets listed in Table A4 of Annexure 29.3 should be linked to the National Veterans' Data Asset. We do not suggest that the existing data assets listed in Table A4 should form part of the National Veterans' Data Asset, but we recognise that they will often be used jointly to produce analyses and research insights. We recognise that these linked assets should be used alongside appropriate privacy and ethics reviews and in accordance with legislation.
132. The existing data assets that should be available for linkage with the National Veterans' Data Asset include:
- the Person-Level Integrated Data Asset (an ABS data asset combining information from multiple government agencies)
 - the National Integrated Health Services Information Asset (a data asset combining hospital and national health administrative data)
 - national coronial system data
 - Defence and DVA's Data Sharing and Analytics Solution (DSAS).
133. Defence and DVA are producing DSAS as a system that links together some of the data these departments already hold.¹⁹⁰ DSAS is being established with the defined aim of:
- [providing] insights to prevent injury, illness and harm and identify early intervention opportunities, while also providing Defence an opportunity to predict costs, maximise personnel capability, and DVA an opportunity to target support services.¹⁹¹
134. We see DSAS as a commendable tool for using data to improve Defence and DVA support for the wellbeing of serving and ex-serving members. However, we believe there are a number of limitations in implementing and executing DSAS:

- Defence says, ‘the DSAS is not intended to specifically access information pertaining to suicide, suicidality and self-harm ...’¹⁹²
- Where Defence separately indicates that data relating to ‘death by suicide’ and ‘suicide attempts’ will be considered part of DSAS, it says this data must come from Joint Health Command.¹⁹³ We have already discussed the limitations of relying on this data to understand suicide and suicidality among serving and ex-serving members, in section 29.2.
- At least in its initial phase, DSAS only brings together a limited number of datasets, primarily from Defence and DVA.¹⁹⁴
- There is concern that incomplete information in DSAS due to low opt-in rates among serving and ex-serving members may mean there is insufficient data to build a true evidence base.¹⁹⁵
- Challenges have been identified in the processes for obtaining consent, due to different approaches across Defence and DVA.¹⁹⁶
- There is risk of DSAS not meeting expectations within set timeframes.¹⁹⁷ For example, it was noted in June 2023 that ongoing delays to DSAS were due to delayed approval of privacy and data management.¹⁹⁸ DSAS has also been delayed by months due to Defence data custodians not releasing data in a timely manner.¹⁹⁹ Initial operating capability was expected in 2023.²⁰⁰ However, in 2024, the Defence project lead for DSAS stated it was planned to be operational in 2025.²⁰¹

135. For these reasons, DSAS would not be a replacement for the proposed National Veterans’ Data Asset. Indeed, Defence has said that the National Veterans’ Data Asset would complement DSAS.²⁰² Relative to DSAS, the data asset would establish a more comprehensive source of information on ADF members before, during and after service, to inform an understanding of the circumstances experienced prior to suicide or suicidality. This can only be achieved through a whole-of-government asset and specialist expertise from appropriate agencies. We believe AIHW is well placed to facilitate this given its technical and subject-matter expertise and independence, and protections afforded through the *Australian Institute of Health and Welfare Act 1987* (Cth).
136. AIHW and the relevant custodians of datasets needed for the National Veterans’ Data Asset should implement ongoing agreements for their data to be shared with AIHW and linked to other core datasets. Timely data is crucial, so access arrangements should ideally enable the automated flow of data. If this is not initially possible, data should be provided at least on a quarterly basis.
137. Defence supported the proposal of providing data extracts from its datasets, as identified in Figure 29.2, at least quarterly to AIHW for a National Veterans’ Data Asset. However, this would be subject to managing issues of identifiable information and national security, through data management agreements and by implementing the appropriate security measures.²⁰³ We note there was one exception: Defence did not support providing data collected from health practitioners and recorded in the DeHS due to issues regarding privacy and duties of confidence.²⁰⁴ We consider and respond to these issues in section 29.4.2.

138. DVA supported providing AIHW with quarterly extracts from its datasets related to clients and claims for inclusion in a National Veterans' Data Asset.²⁰⁵ DVA also supported providing client satisfaction survey data.²⁰⁶ We note that DVA did not support providing data from its nominal rolls or an unverified list of names of clients who died by suicide.²⁰⁷ This was generally due to concerns about the completeness of the data and challenges in linking the data, and we discussed issues with the list of names in section 29.2.2.²⁰⁸ Although we acknowledge the limitations, we note that the rolls provide potentially useful information on service in specific conflicts.²⁰⁹ As such, we favour including this data in the National Veterans' Data Asset to the extent possible.
139. Table 29.1 highlights that each state and territory supported providing some data, at least quarterly, for veteran suicide surveillance.
140. In our view, AIHW should receive access to each of the datasets in Figure 29.2 and determine their feasibility for inclusion in the data asset. In doing so, AIHW should not limit itself to these datasets and may wish to consider others, including those identified by DVA, such as Medicare and social security data.²¹⁰
141. Establishing the National Veterans' Data Asset would require a coordinated approach across government departments and agencies. AIHW would need to work with relevant partners, including data custodians, legal experts and stakeholders from the serving and ex-serving community. The National Suicide Prevention Office would have a key role in bringing these partners together. We acknowledge that AIHW has an advisory group that already provides guidance on its analysis related to the defence and veteran population.²¹¹
142. AIHW would need to ensure the data is managed securely and safely, with due regard to privacy and confidentiality, and in accordance with existing legislation and stakeholder expectations in the veteran community. We believe that AIHW's existing systems, data governance framework and ethics committee will be useful for navigating these issues. Further, processes already in place under the Australian National Data Integration Infrastructure, such as a secure environment and approval processes for data usage, would help to ensure data is managed, shared and used appropriately.²¹²
143. We would like to make it clear that the existence of the National Veterans' Data Asset is not intended to dilute the existing responsibilities of Defence, DVA and other government agencies to manage and use their data properly. Rather, the data asset would assist these agencies to make better use of their own data.

Using the National Veterans' Data Asset to conduct timely surveillance and inform support

144. In section 29.3.1, we noted the importance of timely data to improve suicide prevention efforts and postvention support. We would expect governments and their agencies, including Defence and DVA, to access and use data from the National Veterans' Data Asset accordingly.
145. The World Health Organization has stated that:
- [k]ey findings, including rates and trends in suicides and self-harm, can help guide prevention activities. Consequently, it is important to publish reports regularly to inform action.²¹³
146. We agree. Timely data, reported publicly, will provide the information needed to design targeted policies and programs aimed at addressing the tragically high rate of suicide among the serving and ex-serving ADF member community.
147. Defence and DVA, as well as other Australian Government agencies such as Comcare and relevant state and territory agencies, could conduct research using the National Veterans' Data Asset to improve understanding of risk factors and inform program and policy development. In particular, we note that Comcare could use the data asset to inform its regulatory approaches to preventing psychosocial harm Chapter 13, Oversight of Defence workplace health and safety.²¹⁴ The National Veterans' Data Asset presents a significant opportunity for these agencies to improve their understanding of suicide and suicidality among serving and ex-serving members and their families, and to develop prevention and postvention strategies.
148. We also expect Defence and DVA will use the National Veterans' Data Asset to conduct research and to evaluate programs and policies that support member wellbeing (see Recommendation 116). DVA and Defence agree.²¹⁵ Using the data asset in this way should create new insights and lead to better support for serving and ex-serving members and their families.
149. In addition to use by Defence and DVA, we think that an agency independent of the Australian Government should conduct reporting using the National Veterans' Data Asset. This reporting would provide a source of information separate from Defence and DVA, enabling scrutiny of and accountability for the effectiveness of these departments and the broader Australian Government in addressing defence and veteran suicide.
150. AIHW should lead this reporting, building on its current Defence and veteran suicide monitoring work. We expect AIHW to produce discrete annual reports on suicide, suicidality and self-harm among serving and ex-serving members. AIHW should also be funded to conduct a broader program of veteran health and wellbeing research as discussed in section 29.2.3.

151. It will be important for the National Veterans' Data Asset and the related program of work to be closely monitored and appropriately evaluated during development and operation, to ensure that all parties are acting responsibly to ensure its success. The World Health Organization has stated:

[I]n addition to ongoing monitoring, a detailed evaluation should be conducted periodically to determine how well the system is meeting objectives, to assess the accuracy of the data and quality of reporting, and to assess the usefulness of reports.²¹⁶

152. In addition to suicide reporting, we recommend that Australian Government funding for the National Veterans' Data Asset should include separate and dedicated funding for AIHW and the National Suicide Prevention Office for their evaluation of the data asset, consistent with this World Health Organization advice. This funding should deliver independent evaluations of how the National Veterans' Data Asset is being implemented (an interim evaluation) and is functioning (a post-implementation evaluation). The evaluations should capture whether Australian governments and their agencies have implemented arrangements to provide data for the data asset, and whether they are making good use of the data (see Recommendations 107 and 108).
153. We also expect there to be other independent researchers and government agencies using the National Veterans' Data Asset to produce research. AIHW told us that a secure environment could be created for authorised researchers to use the data asset, subject to data custodian and ethics approvals.²¹⁷ We support this capacity, and think researchers should have access to de-identified data in the National Veterans' Data Asset so they can produce regular and independent research on the ex-serving population.
154. We anticipate that the new entity we propose with independent oversight of the Defence and veteran ecosystem (see Chapter 30, Beyond the Royal Commission) may want to use the National Veterans' Data Asset as a source of information for its work, and for inquiring into the effectiveness of action by governments on suicide among serving and ex-serving members. We also anticipate that the new entity would be involved in monitoring the development and use of the National Veterans' Data Asset.

Recommendation 107: Establish the National Veterans' Data Asset

To improve understanding of deaths by suicide and provide better support to veterans and their families, the Australian Government should:

- (a) provide appropriation funding to the Australian Institute of Health and Welfare and the National Suicide Prevention Office (or any subsequent body assuming its functions) to establish and maintain a National Veterans' Data Asset that brings together data from Defence, the

Department of Veterans' Affairs, and states and territories, to enable timely monitoring and surveillance of suicide and suicidality of serving and ex-serving Australian Defence Force (ADF) members

- (b) provide appropriation funding to the Australian Institute of Health and Welfare and the National Suicide Prevention Office to:
 - (i) use the National Veterans' Data Asset to produce discrete annual public reports and other research to monitor and improve understanding of suicidality and deaths by suicide, and the associated risk factors for serving and ex-serving ADF members and their families
 - (ii) commission an independent program of evaluation of the implementation and functioning of the National Veterans' Data Asset, including an interim evaluation and a post-implementation evaluation.

The Australian Government and state and territory governments, through their relevant agencies, should use the National Veterans' Data Asset for the purposes of:

- (c) furthering their understanding of suicide, suicidality, and health and wellbeing among serving and ex-serving members and their families; and
- (d) preventing deaths by suicide and improving postvention for serving and ex-serving members and their families.

29.4 Ensuring access to data and overcoming issues with Defence's data provision

- 155. So far, we have discussed the need for Defence to develop a new database for the surveillance of suicide, suicidality and self-harm (Recommendation 106). We have also discussed the need for the development of the National Veterans' Data Asset – to be led by AIHW and the National Suicide Prevention Office with funding from the Australian Government, and in collaboration with agencies across Australian governments (Recommendation 107) – to provide more timely and comprehensive surveillance.
- 156. The National Veterans' Data Asset will only succeed if Commonwealth, state and territory governments support it. This includes making data available for incorporation into the asset. We cover this issue in this section of the chapter. Our recommendation to address the provision of data for the National Veterans' Data Asset is to Australian governments, recognising that action is required by the Commonwealth and state and territory agencies.
- 157. Notwithstanding this, this section focuses specifically on the role of Defence. This is because we have identified that Defence has the most problematic data provision practices, and because Defence holds a large amount of the relevant data.

The evidence we have received raises issues about Defence's ability and/or willingness to provide external organisations with timely access to data relevant to suicide, suicidality and self-harm, for research that could inform improvements to Defence member wellbeing.²¹⁸ We discuss our concerns about the time Defence has taken to provide data to this Royal Commission, and the nature of the data provided by Defence to this Royal Commission, AIHW and external researchers.

29.4.1 Production of data to this Royal Commission has been problematic

158. As Commissioners of a Royal Commission, we have benefited from statutory powers that legally compel Defence to produce documents and information to the Royal Commission. This includes data of various kinds that is relevant to our inquiry.²¹⁹ Defence also established an internal taskforce to respond to and support the Royal Commission.²²⁰
159. We issued a series of compulsory notices under the *Royal Commissions Act 1902* (Cth) requiring Defence to produce data related to suicide risk and protective factors, and deaths by suicide.²²¹ In respect of some of these notices, Defence had previously provided similar data to AIHW, for analyses prepared for the Interim National Commissioner for Defence and Veteran Suicide Prevention.²²²
160. Our practice was to provide Defence with a draft of each statutory notice and invite comment before issuing a finalised notice. We often amended notices in light of Defence's comments. Our staff also discussed proposed notices with Defence subject-matter experts, and we collaborated with Defence through a technical working group to help facilitate the provision of data.²²³ Furthermore, the Royal Commission is a public agency that complies with the requirements of the Protective Security Policy Framework. As such, we maintain appropriate controls over our systems and the data in them, and we comply with other standards including international best practices to protect the privacy of individuals. Defence knew all this.²²⁴
161. Although we issued statutory notices and engaged deeply with Defence, data and associated material were provided to us after the specified date, sometimes significantly after it. We proposed to the Commonwealth that Defence was delayed in producing material to us. The Commonwealth agreed:

The Commonwealth agrees with Potential Proposition 35(a) with qualifications. In particular, while the Commonwealth did not always produce all of the data sought by way of compulsory notice by the date specified, agreement with the potential proposition is qualified by the range of factors that created complexities for production of certain data.²²⁵

162. In the following sections, we provide some examples of delays we experienced.

Issues with the production of data from the Defence Policing and Security Management System

163. In November 2021, we issued Defence with a draft of a notice that would require Defence to produce data held in the Defence Policing and Security Management System (DPSMS).²²⁶ This data related to suicide and self-harm of service members, so was clearly important and within the scope of our inquiries.²²⁷ We received Defence's comments on the draft, revised it and issued the final notice in February 2022, requiring the data to be produced in March 2022.²²⁸ The data was not produced by this date, and various engagements between the Royal Commission and Defence notwithstanding, Defence said its 'response was ultimately still delayed'.²²⁹
164. Of the available options, we chose to issue another notice and once again demand production of the data. We issued a further draft notice in June 2023.²³⁰ We then issued two final notices in August 2023, requiring production of the relevant data by August and September 2023.²³¹ All of the data was finally produced by the end of September 2023 – more than 18 months after we first formally requested it.²³²

Issues with the production of data from the Defence electronic Health System

165. In November 2021, we issued a draft notice for Defence to produce data held in the DeHS. The DeHS is a searchable database that holds information about Defence members who were admitted to hospital and who consulted with Defence medical personnel or psychologists following self-harm or a suicide attempt.²³³ After receiving feedback from Defence on the draft notice, we issued the final notice in December 2021 with a due date in January 2022.²³⁴
166. In February 2022, Defence advised that it was ready to provide the data, but it did not do so.²³⁵ In June 2022, we pressed this failure with Defence, but still the data was not produced.²³⁶ In November 2022, we raised the failure again and called for the production of the data by December.²³⁷ The data was eventually provided in February 2023 – more than a year after the legal deadline.²³⁸
167. In June and November 2022, we had communicated our concerns to Defence about the delayed production of this data.²³⁹ Defence advised us in February 2022 that it still held concerns about producing the data, and had 'inadvertently misrepresented' its position when it advised us that it was comfortable producing the data.²⁴⁰ Defence explained that it had become comfortable enough to produce the data by February 2023 because the Royal Commission had provided certain relevant assurances.²⁴¹
168. However, we had already provided those relevant assurances in January and February 2022.²⁴² As such, we do not consider this to be an adequate explanation for why Defence did not produce the data until a year later. Production by the deadline was a legal requirement that Defence did not fulfil.

Issues with the production of data and other materials from Defence surveys

169. We also issued notices to obtain ADF member survey data collected by Defence.²⁴³ This included data relating to experiences of unacceptable behaviour collected by Defence in its Workplace Behaviours Survey. The Royal Commission told Defence that this data was a ‘priority for the Commission and ... of material importance to the Commission’s inquiry’.²⁴⁴
170. In May 2023, we sent the Australian Government Solicitor a draft notice for the production of forms used by Defence to conduct its Workplace Behaviours Survey and the YourSay Workplace Experience Survey.²⁴⁵ We sent a final notice on 17 July 2023, requiring the survey forms to be produced the following week.²⁴⁶ Despite the significant period of time (around 11 weeks) from the draft notice to the forms being due, Defence still failed to produce them by the due date.²⁴⁷
171. Defence also missed the deadline to produce survey data and related documentation. On at least six separate occasions, Defence advised that it would require additional time to respond to the Royal Commission or to produce survey data or accompanying documents.²⁴⁸ On a number of occasions, we gave Defence additional time to respond to these requests, but Defence still failed to provide all data and documents in the extended timeframe. For example, the Workplace Behaviours Survey data was produced four weeks after the final due date.²⁴⁹
172. In some cases, Defence did not even mention issues with the production of survey data until after the relevant deadline. This meant we could not develop solutions until after the delays had already occurred. For example, two weeks after data was due to us, we were told that ‘specific data management issues [had] arisen, including with maintaining the integrity of the dataset’.²⁵⁰

These issues with data production affected our work

173. We have chosen to highlight these examples to illustrate the issues we faced with Defence’s production of data, but there were other issues too. For example, Defence initially only partially responded to compulsory notices from the Royal Commission, with necessary data missing from its responses.²⁵¹
174. Even taking into account the complexities involved in extracting data from various sources and systems (which we acknowledge), some of the delays have been significant. The delays occurred even though there were legal obligations imposed on Defence by the Royal Commissions Act, and even though we and Defence made efforts to pursue a collaborative approach.²⁵²
175. As a result of these issues with Defence’s production of data, we have had less time to conduct our analysis. We have nonetheless been able to undertake significant analysis using the available data in the time available, and have reached important conclusions that advance Australia’s understanding of the problem of defence and

veteran suicide and suicidality. Our findings are reported in Chapter 1, Understanding suicide. We consider that if Defence had been more responsive to our needs, and its legal obligations, we could have done more – for example further growing the evidence base around risk and protective factors, and undertaking deeper statistical analysis to measure the relative importance of individual risk factors.²⁵³

176. Defence also gave reasons as to why there were delays in providing certain kinds of data. Some of the issues Defence identified are summarised in Table 29.2, along with our comments on them.

Table 29.2 Issues identified by Defence in producing data to the Royal Commission

Issue	What Defence said	What we say
Quality of Defence data	‘Data quality issues which could cause the data to be misleading’ ²⁵⁴	Data quality issues may be relevant to understanding data, and are important for us to be aware of, but should not ordinarily affect the production of data to this Royal Commission following a compulsory notice.
Confidentiality and privacy issues	‘Concern about the potential harm to the relationship between Defence members and Defence that could arise because of any perception that members’ confidentiality and privacy will not be respected’ ²⁵⁵	The relationship between Defence and its members should not impact production of data to this Royal Commission pursuant to a compulsory notice.
Security issues	‘Concerns relating to security arising from the production of the responsive data’ ²⁵⁶	The Royal Commission was not advised of these concerns until May 2022, ²⁵⁷ six months after we issued notices to Defence and outlined our ability to provide appropriate security for these datasets. ²⁵⁸ The Royal Commission put in place a system to receive data consistent with its security classification. ²⁵⁹
Limited Defence staff with expertise	‘... the subject matter experts (SMEs) who were ultimately tasked with extracting the data to create the CRTS [Conduct Reporting and Tracking System] dataset were unfamiliar with the CRTS dataset and the structure of data it contained.’ ²⁶⁰ ‘... including because of resourcing/ staffing issues, as at 8 February 2023, only one person within Defence had the necessary privileges and technical expertise to collate the datasets ...’ ²⁶¹	The Royal Commission has been a nationally significant inquiry. Defence’s Royal Commission Taskforce alone had a budget of approximately \$20 million each year and was staffed by around 100 people. ²⁶² We expected Defence to have sufficient people with necessary expertise to respond to our requests for data.

177. In our view, the issues we have experienced and that Defence has identified as affecting data provision to this Royal Commission could occur under other circumstances where Defence is legally compelled or otherwise requested to produce data for research. We note that other organisations have also experienced issues with the use of and access to Defence data (as discussed in the following section).²⁶³
178. One observation we make is that many, if not most, external organisations requesting data from Defence will not benefit from statutory powers to compel the production of data, and will not have a dedicated Defence taskforce established to respond to their requests.

29.4.2 There are concerns with Defence's data sharing processes

179. Defence has processes for sharing with external researchers data relating to suicide, suicide risk and protective factors.²⁶⁴ Many of these processes also apply for sharing data for research purposes within Defence.²⁶⁵ Defence considers these processes to be appropriate.²⁶⁶

Concerns with data provision within Defence

180. Within Defence, the awareness and identification of data has been a concern.²⁶⁷ Defence's own investigations have identified that for some datasets the data has been maintained in silos, resulting in it being inaccessible and restricting its use to develop insights.²⁶⁸
181. In addition, Defence found that there is 'reluctanc[e] to share data' internally and that '[p]ersonnel have to fight for access to data'.²⁶⁹ In April 2023, Defence found that sharing data internally is a 'substantial challenge' as a result of 'privacy, decentralised data management policies and cultural factors'.²⁷⁰ Defence also expressed concerns about access to data being provided preferentially to some projects and not others, possibly arising from internal relationships creating a 'resistance to sharing of information'.²⁷¹
182. In November 2023, there was a continued perception within Defence that data was held too tightly with Defence stakeholders, suggesting a reason for this was a 'lack of understanding regarding the purpose for sharing and if doing so was a breach' [of privacy].²⁷²

Concerns with data provision outside Defence

183. Beyond these concerns within Defence, we have also received evidence indicating concerns with Defence's provision of data to external parties.
184. AIHW regularly requests data from Defence. It informed the Royal Commission that Defence took almost 10 months to action one request for data.²⁷³ By the time Defence had authorised the use of that data, it was no longer possible to incorporate the data

into the intended program of work.²⁷⁴ Defence's position is that it approved the request, but the document indicating this is undated.²⁷⁵ We note that Defence has regular meetings with AIHW to improve the timeliness of the data it provides to AIHW.²⁷⁶

185. We have also been told that Defence has declined requests from external researchers for data relevant to serving and ex-serving ADF member suicide and suicidality.²⁷⁷ Information provided to this Royal Commission showed that in 2023, Defence told the researchers it has 'no mechanism' in place to overcome legal concerns about providing the data.²⁷⁸ The data was for a research project we had commissioned.
186. In an example from 2017, the Defence and DVA Research Advisory Committee declined to provide access to data to support a project on trauma stress risk and resilience. In explaining the decision, Defence noted that data access would not generally be approved until another project had been completed, unless the data was for work considered a 'departmental priority'.²⁷⁹
187. We asked Defence why it would not provide data to external stakeholders to conduct research. Defence pointed to legal requirements, ethical concerns and issues of consent.²⁸⁰ In Annexure 29.4, we summarise Defence's reasons for not sharing data and provide our response.
188. We note that Defence has repeatedly raised issues relating to its duty of confidence and restrictions of the *Privacy Act 1988* (Cth). These are important issues. Defence specifically raised them in relation to data it collects in its role as a health provider for ADF members.²⁸¹ We are concerned about Defence's interpretation of these issues, given that:
 - Defence has previously provided health data to AIHW.²⁸²
 - Options for supplying health data for research purposes exist that are not inconsistent with the Privacy Act. For example, informed consent could be sought from individuals about the use of their data.²⁸³ Section 16A of the Privacy Act, which outlines 'permitted general situations' for the disclosure of personal information, may also apply.²⁸⁴
 - If it were deemed impractical to obtain consent, it would be worthwhile to consider seriously whether the public interest in the data being provided (to enable research in suicide and suicidality) substantially outweighs the public interest in protection of privacy. Registered human research ethics committees may assist with these issues where the data is intended for public health research.²⁸⁵
 - Issues relating to research uses of data, and consent, have been recently considered in the *Privacy Act Review Report*. The Australian Government's response to the Review, as published on 28 September 2023, noted that:

The Government **agrees** that researchers should also be able to rely on 'broad consent' due to difficulties in obtaining 'specific' consent from individuals in research contexts (proposal 14.1). The Government **agrees** further consultation should be undertaken on expanding the scope of the Act's exceptions from

requiring consent in research contexts to apply to human research generally that is in the public interest, and on agencies and organisations being covered by a single research exception and set of guidelines developed by the Privacy Commissioner in consultation with relevant stakeholders (proposals 14.2 and 14.3).²⁸⁶

189. We suggest that Defence carefully consider its position on making health data available to enable research (such as for the National Veterans' Data Asset) in the context of this information. The Secretary of Defence, Greg Moriarty AO, stated that Defence could be more 'forward-leaning' in its interpretation of privacy legislation, as Defence practices sometimes lean towards reluctance to share data or even misinterpretation of how laws apply to data sharing.²⁸⁷ We suggest Defence and other agencies closely monitor any changes to the Privacy Act and take the opportunity to engage with the consultation process described above.
190. We note that the Australian Government, through its 2023 *Data and Digital Government Strategy*, says it is committed to, among other things:
- encouraging all entities to build partnerships and share data across the APS and with state and territory governments, the private sector and non-government organisations
 - requiring all government entities to make non-sensitive data open by default in compliance with relevant laws, and appropriate privacy, security and ethical controls for sharing sensitive data
 - continuing to invest in new enabling technologies and streamlining governance and data-sharing processes to allow more access to timely and accurate data.²⁸⁸
191. We also note that Defence developed its Enterprise Data Sharing Framework in June 2023.²⁸⁹ The framework states that the obligation to share data should be balanced against the need of the requesting person to know the data. Importantly, it recognises that the risks of *not* sharing data may outweigh any potential risks of sharing it.²⁹⁰
192. A 2021 University of Canberra report to Defence stated that the 'routine sharing of data [by Defence] needs to be expanded by identifying and removing structural, cultural and procedural barriers'.²⁹¹ We agree. The University of Canberra report also identified that Defence's data custodians were reticent to share data for the purpose of evaluating Defence's suicide program.²⁹²
193. We are concerned that Defence does not believe there is a problem in its approach to providing data to external researchers. When asked whether the issue of reticence to share data persisted, Defence said it *does not* agree that there is reticence to release data in the Department.²⁹³ Based on our inquiry, and for the reasons identified throughout this chapter, we have formed the view that data provision is an issue for Defence and we are concerned about Defence's lack of acknowledgement of this.

194. As recently as December 2023, Defence was advised of ‘a gap between current data systems operating in Defence, and the best practice approaches to data sharing and integration being encouraged across the Australian Government’.²⁹⁴
195. Defence told us it complies with all whole-of-government policies and procedures, including data sharing. However, Defence also identified that it has work underway to implement the requirements of the *Data Availability and Transparency Act 2022* (Cth).²⁹⁵ This Act establishes a scheme for sharing public sector data to support the delivery of government services, to inform government policy and programs, and to aid research and development.²⁹⁶ We note that the University of Canberra advised Defence to review its data governance in line with the Act.²⁹⁷

29.4.3 Data provision and access for the National Veterans’ Data Asset should be guaranteed

196. We are concerned about Defence’s practices with respect to providing data on suicide and its risk and protective factors. We agree with the University of Canberra that structural, cultural and procedural barriers need to be dealt with.²⁹⁸ Where the appropriate controls are in place, reluctance to share data should not persist, especially when it comes to providing data for the National Veterans’ Data Asset. To address this, Defence, and other Commonwealth and state and territory agencies, should ensure that the appropriate agreements and controls are in place to facilitate the provision of data to the data asset. In this section, we expand on what is needed to deliver on this aim.
197. Current suicide monitoring involves Defence preparing and providing data to AIHW from its Defence Suicide Database (DSD) and personnel data systems *only after* it is requested.²⁹⁹ AIHW uses this data to publish its annual monitoring report of serving and ex-serving ADF personnel suicides.³⁰⁰
198. This process requires AIHW to seek permission repeatedly from the relevant areas in Defence. In our view, this has resulted in bureaucratic inefficiencies and delays.³⁰¹ Defence said it has no objection to a standing approval for AIHW to access the data it needs for suicide monitoring.³⁰² We suggest that AIHW and Defence agree to a standing approval for accessing this data as soon as possible.
199. With specific reference to the National Veterans’ Data Asset, Defence and DVA should establish ongoing arrangements to provide AIHW with the relevant datasets, as a priority. Defence and DVA should provide updated data quarterly, at a minimum, and over time should move to an automated flow of data. As mentioned in section 29.3.2, Defence and DVA indicated that they would generally support quarterly data sharing.³⁰³ Where legislation is a concern, Defence and DVA should review and identify revisions that are needed to enable the required data sharing.
200. We recognise that establishing and maintaining the National Veterans’ Data Asset depends on data beyond that provided by Defence and DVA. In Annexure 29.3, we have listed data sources that are held by Australian governments and other

organisations that should be included too. The Australian and state and territory governments should bear responsibility, through their agencies, for providing data to the National Veterans' Data Asset.

201. We envisage that access to sensitive, identifiable data in the data asset would be restricted to a limited number of users, being AIHW (so they can link the datasets) and the custodians of the respective source data. AIHW should manage access to de-identified data, with potential users able to apply to AIHW for access in accordance with existing legislation and subject to approval by the AIHW ethics committee. We note that under previous veterans' projects, legal and ethical issues were successfully resolved through ethics committee approvals or public interest certificates.³⁰⁴

Recommendation 108: Ensure that all relevant jurisdictions and entities regularly provide data to the National Veterans' Data Asset

So that all jurisdictions provide data regularly to the National Veterans' Data Asset:

- (a) the Australian Government, and state and territory governments, through their relevant agencies, should provide relevant data at quarterly intervals to the National Veterans' Data Asset (Recommendation 107)
- (b) Defence and the Department of Veterans' Affairs should prioritise data governance arrangements in order to provide data for the National Veterans' Data Asset to support its development and ongoing use.

29.5 Fixing issues of poor management and use of data

202. In this section, we discuss the need for Defence to improve the management and use of data including data on suicide, suicidality and self-harm. We outline the many issues we have observed and recommend actions Defence should take to rectify these issues. It is critical that Defence addresses these issues, to improve its own practices and to ensure it has the capability to support the development of the National Veterans' Data Asset (see Recommendation 107).
203. Some information relevant to DVA is included at the end of this section, but the focus is on Defence. There is good reason for this. Former Assistant Minister for Defence, the Hon Andrew Hastie MP, said that Defence's enterprise culture should include a 'deliberate approach to how information is collected, stored, analysed and applied in decision-making processes'.³⁰⁵ Defence itself said it has an 'immature data culture'.³⁰⁶ This has resulted in issues of limited access to and sharing of data, poorly integrated data, low levels of data literacy and inadequate use of data to inform suicide prevention.³⁰⁷

204. The Minister for Veterans' Affairs and Defence Personnel, the Hon Matt Keogh MP, told us in his testimony that:

in terms of the broad issue of understanding data within Defence, yeah, those systems need to be better, absolutely. And it's ... a frustration that I engage with on a regular basis from trying to understand things that are going on within Defence and to understand data and it's a frustration for people in the leadership of Defence as well.³⁰⁸

205. The Department of Defence Associate Secretary, Mr Matt Yannopoulos PSM, told us in his testimony that data issues in Defence have existed at least as far back as 2008 but he said improvements were in train:

There are resources dedicated to try to improve the way we operate [with respect to data]. Data was a problem when I was here in my earlier tenure, 2008 to 2013, and it had barely improved when I came back in 2021, but now I have a platform. I achieved initial capability in December last year on the protected environment. I've hired data scientists. I've hired people who have the expertise and we've developed our first use case to look at ADF injury data as a predictor of what's going on in our training system.³⁰⁹

206. The most recent enterprise-wide survey of Defence, in 2021, found that only 20% of respondents said they had the training and resources to work confidently with data.³¹⁰ As recently as 2023, Defence said these issues were ongoing and that it still needed to improve data literacy across the organisation.³¹¹ This is concerning as every person in Defence interacts with data every day.³¹²

207. In February 2023, Defence identified 'pain points' relating to data sharing, data capability, data platforms, data quality, accountabilities for data, and data inconsistency.³¹³ This is concerning given the crucial role of data in providing insights relevant to suicide, suicidality and self-harm.³¹⁴ In the next section, we expand on our concerns, covering data maturity, data quality, accessing and sharing of data, data integration and use of data.

208. The following section will discuss Defence and DVA management of data related to serving and ex-serving members in general terms, as principles of data management don't just apply to data related to suicide, suicidality and self-harm. However, where an additional focus is required on data related to suicide, suicidality and self-harm, we highlight this.

29.5.1 Defence has low data maturity

209. Defence refers to ‘data maturity’ as reflecting the current state of data management and its impact on the organisation.³¹⁵ In 2021, Defence completed an Enterprise Data Maturity Assessment, which was informed by surveys of all Defence staff and captured broad views on data management within Defence.³¹⁶ The results showed that only 7% of people rated Defence’s data maturity as high or very high, and indicated significant weaknesses in Defence’s data practices and processes.³¹⁷ For example:

- More than half of survey respondents said that a lack of data governance had negatively impacted their ability to access and use data in their role.³¹⁸
- Only a quarter of people said that accountabilities for data within Defence are clear and well understood.³¹⁹

210. The Enterprise Data Maturity Assessment report concluded that:

There is a very problematic culture surrounding the collection, sharing and storage of data in Defence. The genuine security concerns are often used as a mechanism to deny access to data, and the distrust between people and domains to securely handle any shared data is a consequence of poor ICT capability (lack of secure sharing through closed-loop platforms ...) and low data management literacy across the organisation.³²⁰

211. The Enterprise Data Maturity Assessment informed the Defence Data Strategy 2021–2023, published in 2021, which set out Defence’s approach to addressing these problems.³²¹

212. As at July 2023, when 27 data strategy initiatives were due for completion, key elements of the data strategy were still incomplete. These included the creation of a data catalogue, a search function to locate datasets and a data integration platform.³²² Defence had expected these elements to be completed by September 2023.³²³ However, it noted they may not be completed until June 2024 as part of the final version of the data catalogue.³²⁴

213. Defence’s second data strategy, Defence Data Strategy 2023–2026, was approved by the Defence Data and Analytics Board in August 2023 and endorsed by Defence senior executives in November 2023.³²⁵ This left little time between implementing the first strategy and beginning the new data strategy, including time to reflect on and evaluate the original strategy.

214. We note there were difficulties with collaboration within Defence and in getting resources to develop the second data strategy.³²⁶ It is unclear what impact, if any, the current data strategy initiatives will have once fully implemented and therefore whether the second data strategy is appropriate.

215. We are also concerned that the initiatives in the Defence Data Strategy 2023–2026 are less defined than those of the first strategy. For example, the second strategy has an initiative entitled ‘accelerate data interoperability’ under which ‘Defence will progress activities to enhance data interoperability across the Integrated Force, with allies and other government agencies’.³²⁷
216. In contrast to this very general wording, the Defence Data Strategy 2021–2023 included initiatives with clearly defined outputs such as ‘deliver an ethical use-of-data policy’, ‘establish data custodians’ and ‘build data-literacy training’.³²⁸ We believe the second data strategy would be improved by having specific objectives. This would enable Defence to better achieve its goals, and evaluate the success, or not, of its initiatives. We note that we have also critiqued the lack of clearly defined outputs across other parts of Defence.³²⁹
217. Defence Data Strategy 2023–2026, like Defence Data Strategy 2021–2023, aims to increase the effectiveness of Defence’s data management arrangements.³³⁰ The second strategy was developed based on information from a literature review, consultations with executives in Defence, and engagement with other government agencies and Australia’s Five Eyes partners (the United States, New Zealand, the United Kingdom and Canada).³³¹
218. Defence told us that no staff survey was undertaken in the development of the Defence Data Strategy 2023–2026.³³² This contrasts with the Enterprise Data Maturity Assessment done in 2021, which included several surveys on data maturity that were used to inform the development of the 2021–2023.³³³ These surveys provided rich insights and highlighted people’s concerns, such as ‘failure to address Defence’s low maturity will increase the risk of skilled, data-literate people leaving Defence’.³³⁴
219. Defence told us it will use a data-capability assessment tool to understand its data maturity in the future.³³⁵ This tool ‘asks Defence data owners to rate their current and target maturity’ against aspects such as data governance, data quality and data analytics.³³⁶ Defence also identified that its tool would include input from data professionals.³³⁷ We were unable to review this process as Defence told us that the first results would not be reported until mid-2024 (after the time of writing).³³⁸ The Department of Finance is also developing a data-maturity assessment tool to help Australian Government agencies assess their data maturity. This tool is set to be released in 2024–25 (also after the time of writing).³³⁹
220. We are concerned that because Defence’s tool only asks data owners and managers to rate data maturity, it will not produce the same level of insights that would be achieved from an enterprise-wide assessment of data maturity. An example of an insight that would likely not be captured under the new approach is a finding made in November 2023 that while ‘Defence data policies have been established, communication of their contents remains a challenge’.³⁴⁰

221. For this reason, we also believe there would be benefit in introducing regular assessments that include insights from a larger number of data experts and users to provide transparency around Defence's progress in improving data maturity. Defence agreed that a process that included users of data products across Defence could also provide additional insights.³⁴¹
222. We believe Defence should survey for data maturity every three years to gauge progress, reporting the results against the 2021 baseline. Defence should also identify and report to the Minister for Defence the actions it will take to address any issues. This reporting will increase the transparency of Defence's progress on improving data maturity. We expect this to expediate improvement in Defence's collection, sharing and use of data to prevent suicide in serving and ex-serving members.
223. We suggest that Defence work with the Office of the National Data Commissioner as part of the data maturity survey and reporting process. The Office of the National Data Commissioner has a role in supporting the availability and use of Australian Government data for uses deemed to have a public benefit.³⁴² The Office of the National Data Commissioner provides education and tools to support best practice data handling and sharing and it is within its remit to assist Defence to improve its data maturity.³⁴³ The Office of the National Data Commissioner is therefore well placed to provide advice to Defence on understanding and addressing areas of need.

Recommendation 109: Defence to report annually on its progress towards data maturity

Defence should report on its progress to improve data maturity, each year, to the Minister for Defence, using the 2021 Defence Enterprise Data Maturity Assessment as a baseline. Reports should be supported by surveys of Defence staff every three years in addition to the data capability maturity assessment tool.

29.5.2 Data governance in Defence is ineffective

224. The 2021 Enterprise Data Maturity Assessment revealed that data governance was a significant challenge for Defence because, among other reasons 'people are either unaware of any data governance structure or believe that [the] existing structure is ineffective'.³⁴⁴
225. The assessment also found that ineffective data governance was leading to poor data quality, poor decision-making around data, duplicated work and problems accessing data.³⁴⁵

226. In 2022, an external review was conducted of One Defence Data (1DD), a major project to develop a Defence enterprise data warehouse. The review found that:

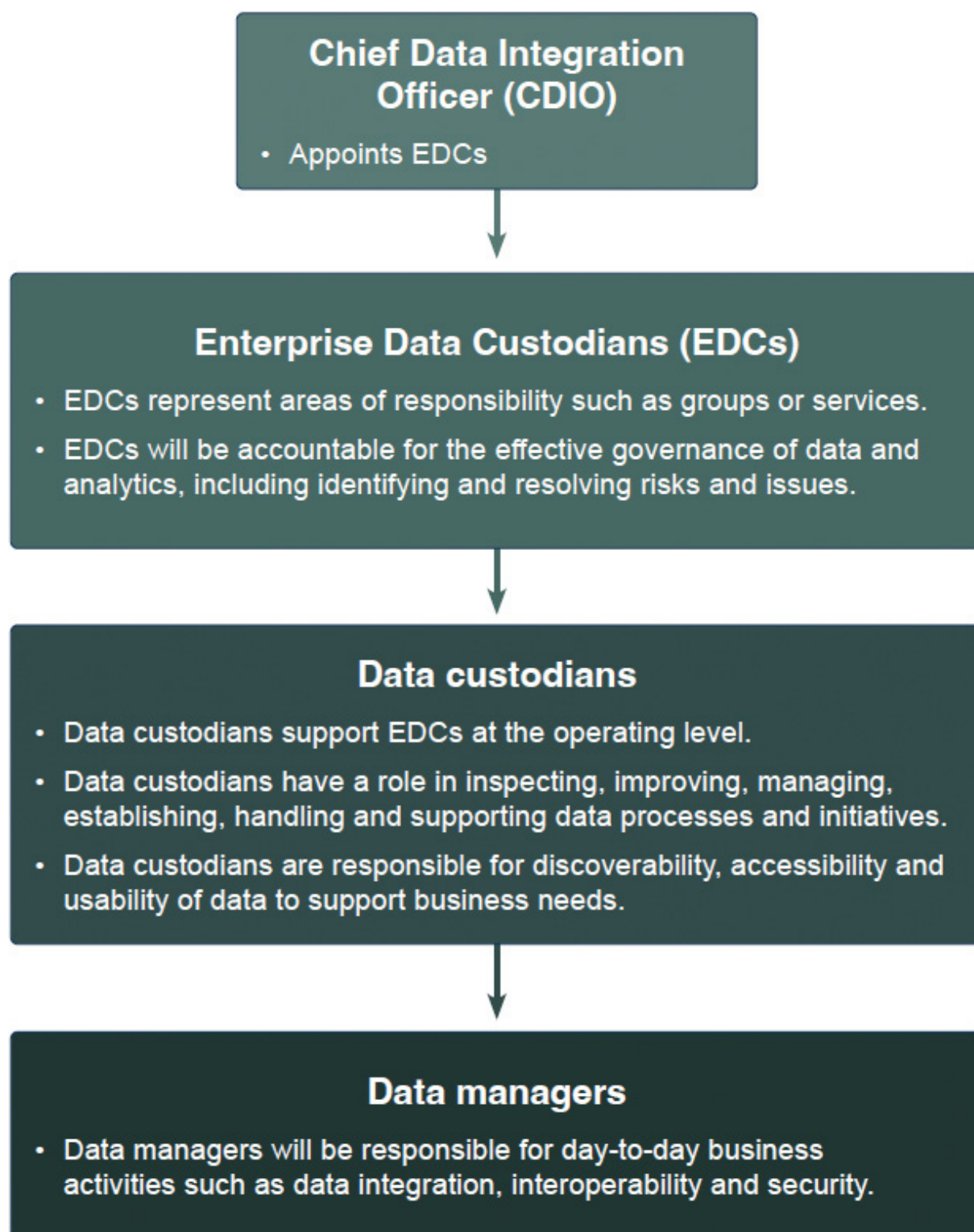
The critically important preliminary tasks to establish metadata and data quality standards, enterprise data models, reference and master data definition and design, through agreed data governance mechanisms, do not appear on a critical path nor do they have appropriate resourcing, roles, responsibilities or risks associated with them.³⁴⁶

227. In response to this review, Mr Yannopoulos stated that ‘while some of the report’s findings were agreed by Defence, many of the findings were not agreed and the final report was not endorsed’.³⁴⁷ He said that appropriate action had been taken to address relevant findings.

228. Despite not endorsing the report, Defence introduced new data governance arrangements through a ‘federated data governance model’ that allows the Chief Data Integration Officer (CDIO) to develop and release enterprise-wide guidance.³⁴⁸ Data custodians then implement this guidance at the group and service levels.³⁴⁹

229. Figure 29.3 explains the federated data governance model. Under the model, the CDIO appoints Enterprise Data Custodians (EDCs) to represent groups or services. The EDCs are accountable for data and analytics governance, including identifying and resolving risks and issues.³⁵⁰ The EDCs appoint data custodians to support them at the operating level.³⁵¹ Data managers sit below data custodians and are responsible for day-to-day business activities such as data integration, interoperability and security.³⁵²

Figure 29.3 Defence's federated data governance model



Source: Exhibit K-01.064, Department of Defence, Response to Notice to Produce, NTP-DEF-200A, Enterprise Data Governance Framework, DEF.1200.0001.0393 at 0400–0401.

230. We are concerned that the data governance model may mean that enterprise-wide practices exist in name only and will not be consistent across the enterprise because data governance is decentralised across groups and services.³⁵³ The reason for this concern is that the model gives data custodians significant autonomy in how they manage individual datasets. Defence says that data custodians will have ‘flexibility’ in meeting enterprise-wide frameworks.³⁵⁴

231. The external review of 1DD also stated that:

[i]n the absence of an agreed set of enterprise standards, a platform hoping to integrate and master disparate and inconsistent datasets is very likely to develop a siloed set of standards and practices that are not agreed across all stakeholders.³⁵⁵

232. We recommend that the CDIO and the Defence Data Division have specific and direct responsibility for ensuring that datasets are managed appropriately and that an enterprise-wide approach does not devolve into a siloed one.

233. The Data Division, under the CDIO, provides centralised coordination and oversight of standards, policies and processes to align data.³⁵⁶ The CDIO also has visibility of data management across Defence through their role as chair of the Defence Data and Analytics Board, the enterprise-wide executive committee that coordinates and prioritises data management, sharing and use.³⁵⁷ We note that Defence is also allocating the CDIO more duties as the Chief Information Governance Officer.³⁵⁸

234. We recommend that the CDIO and the Defence Data and Analytics Board implement a program of dataset reviews to be conducted by Defence’s Data Division (see Recommendation 110). These dataset reviews will assess whether Defence’s datasets are fit for purpose, including ensuring that datasets are relevant, accurate, timely, coherent and interpretable.³⁵⁹

235. We suggest that the Data Division reviews determine whether the dataset is:

- being appropriately managed and made available to internal and external stakeholders
- safeguarded with secure access controls and identifiable information is limited to a need-to-know basis
- widely known about across Defence
- of appropriate quality (based on factors such as accuracy, completeness, consistency, reliability and currency)³⁶⁰
- in an appropriate format and variables follow common standards and naming conventions
- appropriately integrated or able to be integrated with other data assets
- being used in a way that maximises its value to Defence.

236. We note allegations, and related investigations by the Office of the Australian Information Commissioner, that one Defence information system has been previously exploited to expose identifiable information about individuals.³⁶¹ While Defence developed a solution for addressing the breach in this system, access controls must be part of a broader consideration. For this reason, they are included in the list above.³⁶²
237. Once each dataset review is completed, the CDIO should designate actions to EDCs to address any issues identified. The CDIO should also receive follow-up reports from EDCs that show how actions have progressed.
238. We do not suggest that Defence should review every dataset it owns each year. Rather, the CDIO and the Defence Data and Analytics Board should determine the frequency at which a data asset is reviewed, based on priorities and risks. Datasets that are critical to the functioning of the organisation and the wellbeing of members, as well as those known or suspected to be of poorer quality, should be assessed first. This includes datasets identified throughout this chapter and in Annexure 29.1.
239. The reviews implemented through Recommendation 110 would provide some assurance that Defence has appropriate datasets and data management practices in place to inform its suicide prevention efforts and to support the development of a high-quality National Veterans' Data Asset (see Recommendation 107).

Recommendation 110: Review Defence's data assets and address issues with their quality, management, integration and use

The Defence Chief Data Integration Officer (CDIO) and Defence Data and Analytics Board should establish a program of review of Defence's data assets. As part of this program:

- (a) the reviews should be conducted by Defence's Data Division and focus on the quality, awareness, management, access, integration and use of the dataset
- (b) the CDIO should designate actions required of data custodians to address any issues identified by each review and be provided with follow-up reports from Enterprise Data Custodians on the progress of actions following completion of Data Division reviews.

240. In the following sections, we discuss concerns with Defence data being low quality, underused and with low visibility across the enterprise, and not able to be used holistically through integration of multiple data sources.

29.5.3 Data quality in Defence is poor

241. In June 2022, the then Chief of the Defence Force, General Angus Campbell AO DSC, told us that Defence ‘must continue to improve the consistency and accuracy of data as it relates to suicidality of ADF members’.³⁶³ Indeed, accurate data is key to making effective decisions that are grounded in evidence.³⁶⁴ In contrast, when decision-makers have to rely on poor-quality data, this can impede effective decision-making and lead to poor outcomes.³⁶⁵
242. Over the course of our investigation, we observed how prevalent data quality issues are within Defence. For example, in March 2021, a Suicide Prevention Program Interim Evaluation Report to Defence found that most of the information and data available to, or known by, Joint Health Command fell short of what it needed to evaluate Defence’s progress in suicide prevention.³⁶⁶
243. Defence is aware of problems with data quality. In 2021, more than 45% of respondents to the Enterprise Data Maturity Assessment whole-of-Defence survey said, ‘I often spend time fixing errors in poor quality data’.³⁶⁷
244. More recently, Defence identified a number of limitations with its datasets relevant to this Royal Commission. Defence found that poor record-keeping practices affected multiple systems and datasets. It also identified duplications of suicidality incidents across the multiple systems it used. As a result, it could be difficult to understand a given member’s history of suicidality. Further, Defence told us there are data quality issues with its older data. For example, there are concerns with the completeness of work health safety data prior to 2014, noting information was recorded on paper forms at the time.
245. Defence also observed that managing multiple data systems housing data on similar topics, such as records relating to unacceptable behaviour, produces data quality issues. An example is duplicated records, which can’t always be rectified.³⁶⁸
246. We acknowledge that Defence, at the time of writing, was developing a new case management system, which was due to be complete in May 2024, for entering, tracking, resolving and reporting personnel-related cases linked to issues including military justice and unacceptable behaviour.³⁶⁹ This system will replace existing systems used for misconduct and unacceptable behaviour.³⁷⁰ We note that some of these existing systems include data on suicidality. Defence indicated that the new system will have some automated processes and reduce data entry requirements, which will improve accuracy.³⁷¹ However, this system will not itself resolve poor record-keeping practices, and nor will it eliminate the problem of duplicated records.³⁷² We discuss the new system further in section 29.5.5.
247. To address data quality issues more broadly, as part of the Defence Data Strategy 2021–2023, Defence developed a draft Defence Data Quality Framework and committed to assessing the quality of its datasets by applying gold, silver and bronze ratings.³⁷³ Defence committed to including this data quality rating on dashboards and in reports by June 2023.³⁷⁴ The rating system would indicate the quality of the data and uses for which it is suitable.³⁷⁵ Gold is the highest rating and indicates that the data is reliable and allows for confident decisions and actions.³⁷⁶

248. In November 2023, we asked Defence what quality ratings had been applied to a list of datasets related to suicide, suicidality and self-harm. Defence told us that no quality ratings had been assigned for these or any other datasets.³⁷⁷ Instead, Defence said the ratings would be determined and applied to all datasets in 2024.³⁷⁸ This is concerning because it means data users have had limited visibility of the quality of the information on which they have made decisions at the very time Defence has focused on reducing suicide rates among its members.³⁷⁹
249. Further, Defence indicated that different parts of Defence will set their own metrics for determining the rating for their data.³⁸⁰ They will also apply their own data quality rating.³⁸¹ In our view, this defeats the purpose and could seriously undermine the value of the quality ratings. We are not convinced that the ‘assurance’ provided by EDCs and the Data Division will be sufficient to overcome this or incentivise data quality improvements.³⁸²
250. Improving the quality of Defence data on suicide, suicidality and self-harm will better position Defence to analyse and act on this information. It will also support Defence to provide data of an appropriate standard to the National Veterans’ Data Asset (see Recommendations 107 and 108).
251. In Recommendation 110, we recommended that Defence initiate a periodic review of datasets, initially focusing on high-priority datasets. However, we believe Defence does not need to wait for the results of a review before improving the data quality of several key suicide, suicidality datasets, including those in Annexure 29.1. Defence should act immediately to remediate the quality of key suicide, suicidality and self-harm datasets.³⁸³ Unless datasets are gold rated, Defence should act to rectify specific data issues such as incompleteness of data, duplications, and missing and non-standardised data, so that each dataset can be gold rated.³⁸⁴ Remediation should not be limited to new data, as having good-quality historical data is also important for providing comparisons and measuring improvement.
252. Consistent with Defence’s federated data governance model (which says that Defence data custodians have a role in inspecting, improving and managing data processes), data custodians should be responsible for performing the work required to remediate datasets, with support from data managers.³⁸⁵ As the responsible officer and head of Data Division, the CDIO should oversee this work and provide assurance that it is completed.

Recommendation 111: Achieve a ‘gold standard’ rating for Defence datasets related to suicidality and suicide

The Defence Chief Data Integration Officer should direct data custodians to improve the data quality of datasets related to suicide, self-harm and suicidality so they achieve a ‘gold standard’ rating. This will ensure the data is reliable and supports accurate decision-making. The remediation should focus on addressing issues of duplicated, missing, incomplete and non-standardised data, and ensuring datasets can be integrated.

29.5.4 Awareness of available data in Defence is limited

253. In addition to being of appropriate quality, data on suicide, suicidality and self-harm must be known by and accessible to people who rely on this information to improve the wellbeing of Defence members. This requires data to be easy to locate.³⁸⁶

254. Defence informed the Royal Commission in March 2023 that:

Defence's fragmented approach to data management and sharing limited its capacity to know what data it holds, where it is, how to access it and whether it is of sufficient quality to provide a reliable evidence base for decisions.³⁸⁷

255. As recently as December 2023, a report covering issues associated with the Defence Mental Health and Wellbeing Strategy 2018-2023 identified Defence staff had a low level of understanding of the Defence data landscape, 'which inhibited [their] ability to identify potential links across data or to identify and access alternative data sources'.³⁸⁸ These are significant issues. They have also been known for some time. In 2021, respondents to the Defence Enterprise Data Maturity Assessment survey said:

Data assets are not discoverable, not catalogued, not visible, and are often held by data owners in a 'possessive' way.³⁸⁹

I regularly have to fight to obtain information, and often don't know that things exist [that] I need to fight for.³⁹⁰

256. An interim data asset register developed in December 2022 lists Defence data assets that include information that can be used to identify individuals.³⁹¹ This interim data asset register provides an overview of some but not all Defence datasets because it was limited to those containing identifiable information.³⁹² We note that work on an expanded data asset register is underway.³⁹³

257. As mentioned in section 29.5.1, Defence is developing a data catalogue to improve discoverability of and access to data assets.³⁹⁴ A data catalogue is an inventory of all data assets and will enable Defence users to quickly search for data.³⁹⁵ An early version of the catalogue was delivered in September 2023.³⁹⁶ However, this version includes only two datasets.³⁹⁷ The final version of the catalogue, which was due in June 2024, will not include all Defence datasets either. It therefore does not align with Defence's own definition of a data catalogue.³⁹⁸

258. We are pleased that the two datasets in the initial version of the catalogue relate to people (human resource data and work health and safety data).³⁹⁹ However, we are disappointed that they do not provide information on suicide. Defence said this data could be included in the future.⁴⁰⁰

259. Defence should prioritise the inclusion of datasets on suicide and suicidality (such as the datasets listed in Annexure 29.1). We would expect this to raise awareness of this data across the Defence enterprise. Greater awareness of the data will help policymakers to access and use it to make evidence-based decisions.

260. In carrying out this work, Defence should liaise with the Office of the National Data Commissioner, which is developing an Australian Government Data Catalogue.⁴⁰¹ The public catalogue aims to increase the transparency and availability of data by including information on data assets from all Australian Government agencies.⁴⁰² The catalogue will provide a standardised list of data assets and include information on the attributes of each data asset.⁴⁰³ We are pleased that the Australian Government Data Catalogue will be ‘capable of integrating’ with the Defence data catalogue.⁴⁰⁴
261. We suggest that, in contrast to the Australian Government Data Catalogue, the Defence data catalogue should provide more detailed information to support Defence personnel to use data and research conducted by external organisations. For example, the Defence data catalogue should include information on variables recorded within Defence datasets, which is not included in the Australian Government Data Catalogue.⁴⁰⁵
262. Further, Defence should include information on data quality ratings in the Defence data catalogue. We have recommended (see Recommendation 111) that Defence remediate the quality of key suicide, suicidality and self-harm datasets to be gold standard. It is important that the status of these remediation efforts, and the rating of the datasets, are visible in the data catalogue so that users can have confidence – or be circumspect – when using data.
263. We recommend that quality ratings be included for two reasons. First, so that people using the data understand its quality and the purposes it can reasonably be used for. Second, so that progress in improving the quality of Defence data is visible. This is especially useful when paired with publication of the data catalogue as it provides additional transparency on Defence’s performance to improve data quality.
264. Our view is that the Defence data catalogue should be made publicly available to help the broader research community to understand what data Defence holds and the quality of that data. We note that some data assets (such as those dealing with information that should not be disclosed for security reasons) should be absent from the public catalogue. However, we do not see this as relevant to the suicide, suicidality and self-harm datasets outlined in this chapter.

Recommendation 112: Include data on suicide and suicidality in the enterprise-wide Defence data catalogue

Defence should prioritise the inclusion of datasets related to suicide and suicidality in its enterprise-wide data catalogue. Defence should also make its data catalogue publicly available and include the quality rating of each dataset.

29.5.5 Data in Defence is not integrated

265. We understand that ‘Defence generates and stores vast quantities of data across multiple networks and security classifications, including multiple silos of isolated and redundant data sources’.⁴⁰⁶ With respect to particular categories of data, the Chief of the Army, Lieutenant General Simon Stuart AO DSC, stated in February 2024 that ‘Defence’s health and people data is siloed across separate systems, applications, databases and owners’.⁴⁰⁷
266. Defence personnel have told Defence that they spend too much time assembling data. This leaves little time to explore and understand data sources to draw proper conclusions.⁴⁰⁸ The result is poor decision-making based on incomplete data.⁴⁰⁹
267. Many Defence datasets are not connected.⁴¹⁰ For example, a University of Canberra report stated that Defence’s health, human resources and population datasets do not automatically share or integrate data to allow for targeted evaluation or the generation of new insights.⁴¹¹ This may be in part because inconsistencies across datasets mean that data integration has proved challenging.⁴¹²
268. We note that data should be integrated using appropriate privacy and security controls to ensure that access to identifiable information is limited to data custodians and people performing data integration. However, we are concerned about Defence’s slow progress with respect to data integration. For example, in testimony to this Royal Commission, the Department of Defence Associate Secretary, Matt Yannopoulos, noted that Defence still does not have a reliable, integrated dataset of sexual misconduct incidents several years after the need was identified.⁴¹³ This failure has important implications. It means the extent of the issue is not understood and Defence cannot measure the effectiveness of its policies aimed at preventing and responding to sexual misconduct.⁴¹⁴
269. A range of Defence data custodians own and manage data sources on suicide, suicidality and self-harm, and risk and protective factors. According to the then Chief of the Defence Force General Campbell in June 2022, this responsibility is shared across various areas in Defence and the ADF instead of being held by a team or senior individual within Defence.⁴¹⁵
270. The then Surgeon General of the ADF and Commander of Joint Health Command, Rear Admiral Sarah Sharkey AM CSC RAN, said: ‘There is no single source of responsibility for the collection of [suicidality] data, both within Defence and external to Defence’.⁴¹⁶
271. Given that this data is managed by different areas across Defence, the data needs to be integrated and considered as a whole. Without this, Defence cannot gain a holistic view of the information it holds on suicide, suicidality and self-harm.⁴¹⁷ This is particularly important for policy and program development.

272. The Defence Data and Analytics Board is prioritising the integration of data sources through the 1DD platform.⁴¹⁸ The platform aims to deliver an enterprise data warehouse, which will allow data acquisition, cataloguing, storage and analytics.⁴¹⁹ Defence told us that the warehouse will integrate data across Defence systems and provide enhanced data analytics products to support decision-makers.⁴²⁰
273. The enterprise data warehouse capability being delivered through 1DD was still being developed and had not yet been brought into service, as at March 2023.⁴²¹ Final operating capacity was not expected until June 2024.⁴²²
274. Critically, the warehouse will not immediately include data on suicide, suicidality and suicide risk. Defence says it will be included in the 1DD program ‘in the future’.⁴²³ We see this as yet another instance of Defence failing to prioritise data issues with respect to understanding suicide and suicidality in serving and ex-serving members.
275. It should be a priority for Defence to include suicide and suicidality data in the enterprise data warehouse. We expect this prioritisation to align with the program of work needed for datasets, with information on suicide and suicidality to be added to the Defence data catalogue (Recommendation 112).
276. Defence is also developing the Enterprise Resource Planning Program, which will modernise and integrate its approach to managing finance, human resources and other functions.⁴²⁴ The program will integrate various systems, allowing for enterprise data to be delivered more efficiently and effectively.⁴²⁵ The program includes the new case management system, which was due for release in May 2024, which will capture data on unacceptable behaviour and military justice incidents, replacing several systems previously used by Defence.⁴²⁶
277. We note that several Defence leaders, including the Minister for Veterans’ Affairs and Defence Personnel, the Secretary and Associate Secretary of the Department of Defence, the current and former Chiefs of the Defence Force, the Chiefs of the Navy and the Army and the then Chief of the Air Force, as well as the head of the Royal Commission taskforce, have all highlighted the importance of the Enterprise Resource Planning Program, particularly in addressing data challenges.⁴²⁷ However, the project has suffered from delays.⁴²⁸
278. Further, despite its importance to the senior leaders of Defence in addressing data issues relating to this Royal Commission, we note that the project extends to 2030. Some important information on the health of members, such as safety, workforce planning and analytics, is not due to be completed within the next five years.⁴²⁹ For example, workplace health and safety data is not due to be integrated until 2026 at the earliest. This means it cannot be used in trend analyses to assess the effectiveness of Defence’s efforts to mitigate psychosocial risks.⁴³⁰
279. Senior Defence officials testified that the focus has changed within Defence. Previously, there was a focus on Defence infrastructure, but it has shifted to people and wellbeing.⁴³¹ With the exception of the case management system, we do not see

that changed focus being reflected through the prioritisation of data in the Enterprise Resource Planning Program. We also note that there is not yet an area that will undertake detailed analysis of case management system data.⁴³²

280. The Enterprise Resource Planning Program also won't solve issues related to existing data – such as data quality issues due to poor record-keeping practices – nor will it eliminate issues of duplicated records as described in section 29.5.3.⁴³³

29.5.6 Data is underused in Defence

281. In our view, the issues we have discussed throughout section 29.5 of this chapter impact Defence's capacity to use data well. This is important because the true value of data exists in its use to produce insights, make decisions and take appropriate actions.⁴³⁴

Defence can better use its data to support its decision-making

282. Defence acknowledges that data is underused to inform decision-making.⁴³⁵

283. In 2021, a senior leader in Defence stated that '[w]e don't exploit data enough to support decision-making'.⁴³⁶

284. A December 2023 Defence report states:

Defence's ability to provide clear, timely and consistent information that could identify integrity behavioural risks is hampered by the range of non-standardised data assets held in the organisation. Information relating to integrity, compliance, incidents and behaviours is relatively siloed. This data might be split or duplicated across multiple systems. It was agreed that this issue inhibited the organisation's ability to make informed decisions.⁴³⁷

285. A review of evaluation practices in Defence has found that even '[w]here there is data available (collected, entered and accessible) it is often not used', and a:

large amount of analysis and research is undertaken across JHC [Joint Health Command], the single Services and DPG [Defence People Group]. This research is also a good source of data to inform continual improvement but is often underutilised.⁴³⁸

286. The underuse of data has important implications for Defence, such as missed opportunities to monitor and understand progress made on organisational reforms. For example, in December 2023 the Defence Pathway to Change program (the Defence program to reform Defence culture) underwent a review.⁴³⁹ This review found that the dashboard used to monitor performance had a limited number of outcome measures, and that it used data from a single survey and not other relevant data such as that relating to diversity; promotions and careers; work health and safety; grievances; and unacceptable behaviour.⁴⁴⁰

287. We are concerned that the dashboard was underused. For example, we heard that the data in this dashboard was not known to the then Chief of the Air Force prior to his appearance at the Royal Commission.⁴⁴¹ More information on the Pathway to Change program is included in Chapter 7, Culture and leadership.
288. We acknowledge that Defence is making some efforts to improve access to and use of the data it holds. For example, in section 29.5.5 we discussed how Defence leaders testified as to the importance of the Enterprise Resource Planning Program in enabling access to better data on matters such as unacceptable behaviour.⁴⁴²
289. We also acknowledge Defence has been introducing data-literacy training, programs designed to attract data specialists, and initiatives to improve the understanding of software used in the enterprise.⁴⁴³ Yet, as recently as December 2023, ‘overall data literacy in most business areas was limited’, and in March 2024 Brigadier Caitlin Langford, the Director General of the Defence Mental Health and Wellbeing Branch, testified that data literacy across the enterprise needs to be increased.⁴⁴⁴
290. We have also heard that areas in Defence are not sufficiently resourced to conduct data analysis.⁴⁴⁵ Interviews with Defence staff revealed concerns about Defence personnel having sufficient skills to put data to good use. As one said:
- We don’t have anyone in our team who can do the data analysis. So ... sometimes we’re collecting the data and it just goes into a folder of some time, some stage, someone might do something with that.⁴⁴⁶
291. Annexure 29.5 further summarises our understanding of how Defence has used data, our concerns with this and how we believe Defence needs to improve. We discuss our concerns that Defence’s use of data is ad hoc, that Defence does not fully explore available data, and that data is not always available in a usable form or with information supporting its use.
292. In the remainder of this section, we consider initiatives Defence could build on or introduce to make better use of the data it holds.

Pilot to review Inspector-General reports on deaths by suicide

293. Defence has started a pilot review of the reports on suicide deaths conducted by the Inspector-General of the Australian Defence Force (IGADF). The review aims to be a more comprehensive analysis of the IGADF reports to generate system improvements to support better mental health and wellbeing outcomes.⁴⁴⁷ The pilot has considered information from reports provided to Defence and other relevant data relating to six deaths by suicide between 2020 and 2022.⁴⁴⁸ We acknowledge the value of conducting this type of analysis to understand risk factors and identify opportunities to improve systems. The first annual report from this pilot is due in November 2024.⁴⁴⁹ We suggest that if the pilot is found to be effective, the analysis should be continued and annual reports should be provided to the new entity (discussed in Chapter 30, Beyond the Royal Commission) to enable oversight of interventions aimed at improving Defence systems.

Adapting overseas approaches to data use, to improve culture at Defence bases

294. Elsewhere in this report (see Part 3, Misconduct, complaints and military justice; and Chapter 2, Lessons learnt from overseas), we have noted that the United States has used survey data to categorise 20 military sites as low- or high-risk locations for sexual assault, harassment and suicide.⁴⁵⁰ The data from these sites provides insights into risk and protective factors, and is being used to improve efforts to reduce sexual assault, harassment and suicide within the military.⁴⁵¹ Defence told us that this process is a 'best-practice practical activity' and that its application to ADF sites warranted consideration.⁴⁵² We suggest that Defence implement a version of this process and consider how the data from it could be used to inform bases across the ADF.

Monitoring ADF members who may be vulnerable at recruitment

295. Another example of how data could be better used to protect the wellbeing of ADF personnel is in monitoring new recruits who have a history of self-harm, suicidality or mental illness. Defence indicated that it did not monitor outcomes for this group of recruits and could not identify whether they remained in service or whether they had discharged.⁴⁵³ Data from recruitment psychological screening – including from those who disclosed experiences of suicidality – was not tracked once members were in service.⁴⁵⁴ Furthermore, Defence does not track outcomes for the cohort of members who do not meet prescribed entry requirements but have been accepted into the ADF through a waiver process.⁴⁵⁵ As such, Defence cannot tell whether this group is at more risk of suicidality and suicide.⁴⁵⁶

296. The Chief of Army, Lieutenant General Simon Stuart AO DSC, stated that:

comprehensive, longitudinal and accessible data and the analytical tools to assist in developing insight[s] are critical if efforts to reduce suicidality, prevent suicide and improve health and wellbeing are to be effectively targeted, designed and assessed.⁴⁵⁷

297. In our view, there is opportunity for more comprehensive and longitudinal analysis of data collected at recruitment, for use in monitoring and improving the wellbeing of members throughout their service. This is discussed in further detail in Chapter 3, Recruitment and initial training.

Improving the use of data to support commanders

298. It is apparent to us that data is underused in efforts to provide timely and actionable analysis to supervisors, commanders and managers.⁴⁵⁸ These leaders are responsible for the mental health and wellbeing of ADF members throughout their service.⁴⁵⁹ We believe these leaders should have access to any data analysis they need to understand and support the wellbeing of their members.

299. We were pleased to hear that Defence agrees with us on this matter:

Defence aspires to provide unit level survey data to commanders and managers and recognises the need to achieve a more integrated and consistent provision of information to commanders and managers about the wellbeing of their workforce and teams.⁴⁶⁰

300. We acknowledge that commanders do have access to some survey data analysis, including measures of wellbeing, from the Army Command Climate (formally Army Voice and Army Pulse surveys), the Air Force Safety Snapshot and Navy PULSE surveys.⁴⁶¹

301. However, we have been told that insights from data often take too long to get to where they are needed. For example, Chief of Navy, Vice Admiral Mark Hammond AO RAN, testified that there is a time lag in getting access to data that would be useful to address unacceptable behaviour.⁴⁶²

302. This does not appear to be an isolated issue. Commandant of ADFA, Air Commodore Julie Adams CSC, testified that she received data on unacceptable behaviour nine months after it was collected, despite taking steps to receive this information earlier.⁴⁶³

303. This issue was also apparent to us in evidence given by Commanding Officer Andrew Deacon CSC CSM, of the 1st Recruit Training Battalion. On 29 November 2022, we heard that he had yet to receive the results from the 2021 Workplace Behaviour Survey.⁴⁶⁴ We knew the results were available as the Royal Commission had received them more than a month earlier.⁴⁶⁵

304. Additionally, in response to questioning from Counsel Assisting about whether he accesses or considers Workplace Behaviours Survey data, the former commander of HMAS *Stirling* replied:

No, I don't. Very often it is time-late and a command as large and as complex of, as *Stirling*, I think we are looking at a lot of statistics and a lot of bar charts that don't necessarily help me compared to spending time getting out into the workplaces and at the deck plates.⁴⁶⁶

305. The Deputy Secretary of Defence People Group, Justine Greig PSM, acknowledged failings in relation to Defence's use of survey data. She recognised that there was limited support for commanders to learn from the data, and said that more needs to be done to ensure that commanders are acting on insights from the data. She acknowledged that Defence People Group has been too slow in providing data reports to commanders to enable them to act on the data.⁴⁶⁷

306. We have heard about times where, by the time analysis is received, the people who were in charge have already moved into other roles.⁴⁶⁸ This indicates to us that data analysis needs to be timelier so it can be used effectively.

307. Our view is that commanders need access to timely insights from data analysis to help them understand the mental health and wellbeing of members, especially those under their command. We recommend implementing an enhanced performance management system for commanders in Chapter 11, Governance and accountability in Defence. This new system will strengthen accountability for commanders in their responsibility for maintaining the long-term wellbeing of ADF members. Timely access to data will assist commanders to deliver on this responsibility.
308. Limited sharing and use of data is not in the best interests of commanders or other ADF members.⁴⁶⁹ It is important for data to be available to those who have a legitimate need to access it, with due regard to issues of consent and privacy Chapter 16, ADF healthcare services. Except when specifically requested, mental health and wellbeing data is not always provided to those responsible for managing the health of ADF members, such as health centre managers and directors or commanding officers in health units and directorates.⁴⁷⁰ If this data was provided as a matter of course, it could be used to inform the delivery of healthcare services.⁴⁷¹
309. Data should also be analysed in a way that provides commanders with useful insights. We analysed Defence survey data to build our understanding of the workplace experiences and mental health of serving members. For example, we looked at whether the members who were classified as 'high' and 'very high' psychosocial risk had experienced unacceptable behaviour (see Appendix L, Defence survey data).
310. The Chief of Personnel, Lieutenant General Natasha Fox AO CSC, stated that she had not seen data analysed in this way before and said that not cutting psychosocial risk data in this way is concerning.⁴⁷² She testified that Defence should be cutting data multiple different ways to develop insights that can lead to informed actions aimed at reducing and preventing unacceptable behaviour. She said that Defence leaders do not regularly direct staff to review and consider the data they should receive.⁴⁷³
311. Defence should use insights from the proposed National Veterans' Data Asset (Recommendation 107), in conjunction with those from a revised Defence survey program (see Recommendation 116) to support ADF commanders with timely, understandable, actionable data about the wellbeing of the ADF members they command. Defence should also provide training to commanders on the availability of Defence data and how it could support them to fulfil their responsibilities.

Recommendation 113: Ensure commanding officers access and use quality data for continuous improvement of wellbeing metrics

To better support Defence commanders and personnel, Defence should:

- (a) use data from the following sources to provide Australian Defence Force commanders with data for their units and teams, as well as relevant comparison points:
 - (i) the new Defence suicide database (Recommendation 106)
 - (ii) the National Veterans' Data Asset (Recommendation 107)
 - (iii) internal surveys
 - (iv) unacceptable behaviour reporting and injury reporting.
- (b) ensure the data is provided in a timely manner, in an accessible format and with necessary context, and provide training that supports commanders to use the data to inform decision-making.

Commanders should use this data for continuous improvement and to better understand the wellbeing of the members under their command.

29.5.7 DVA has sought to improve its use of data but challenges remain

312. We have also inquired into how DVA uses the information pertaining to suicide it holds to improve outcomes for serving and ex-serving members. DVA is limited in its capacity to make use of such data, as much of it, particularly data predating 2001, exists as paper records. Despite a move to electronic record-keeping, supporting documentation for claims continued to be stored as paper files until 2016.⁴⁷⁴
313. Furthermore, DVA has not historically recorded the suicide deaths of DVA clients in a systematic way. DVA is unable to say how many suicide deaths of veterans it was notified about, prior to 2018.⁴⁷⁵ However, we understand DVA has been digitising DVA client records.⁴⁷⁶ We believe this work should continue, and the information should be captured in a way that enables analysis to identify trends.
314. Where electronic records do exist, DVA has told us that records relating to DVA client suicide deaths may be located in various data assets, which reduces DVA's ability to search for and readily find documents relevant to a particular client.⁴⁷⁷ These issues are concerning. They limit DVA's capacity to use its data to understand the contextual factors associated with suicidality and suicide.

315. Questions about the quality of DVA data have also been raised. AIHW, for example, has expressed concern about inconsistencies in DVA's client data and national treatment account data.⁴⁷⁸ DVA itself also has concerns about the reliability of some of its data, such as pre-2000 records pertaining to the Military Compensation Scheme.⁴⁷⁹
316. We note that DVA, like Defence, is developing a data warehouse to manage data at the enterprise level and improve DVA's analytical capability.⁴⁸⁰ As at April 2024, DVA had not identified any plans to use the data warehouse to produce outputs or insights relevant to veteran suicide, suicidality, self-harm, or the risk and protective factors associated with them.⁴⁸¹
317. We nevertheless acknowledge DVA's efforts to improve its management of data in recent times, which has meant that more can be analysed and used to produce new insights. We provide some examples of this in the following section.

DVA is finding better ways to use its data

318. DVA is starting to use data more intentionally and productively. For example, it has recently initiated a number of projects that should provide useful insights into the profile of DVA clients who have died by suicide or experienced suicide behaviours.⁴⁸² To a similar end, Open Arms has also reviewed data relevant to suicide and suicidality.

Using longitudinal data on veterans who have experienced suicide behaviours or died by suicide

319. DVA is implementing practices and processes to make better use of its data. One initiative is the dataset called Priority Investment Approach-Veterans, which consolidates a number of DVA data sources to enable longitudinal analysis.⁴⁸³ DVA told us it has analysed Priority Investment Approach-Veterans to examine the profiles of veterans who have died by suicide or experienced suicide behaviours, by reviewing their interactions with DVA and looking for shared characteristics that might constitute risk factors.⁴⁸⁴
320. We have seen a draft DVA report using Priority Investment Approach-Veterans data to analyse patterns of veterans accessing health services prior to suicide or a suicide attempt.⁴⁸⁵ Although we have not reviewed the appropriateness of the analysis, we are encouraged that DVA is seeking to use its data to improve its understanding of at-risk ex-serving members.

Analysing 'adverse events'

321. DVA holds a list of names of its clients who are reported to DVA as having died by suicide, or whose death is suspected of having been suicide.⁴⁸⁶ The list is used in DVA's Adverse Events Analysis (AEA).⁴⁸⁷ DVA told us that AEA allows them to analyse client deaths by suicide or possible suicide, and instances of attempted suicide.⁴⁸⁸

322. According to DVA, AEA could be used to understand issues with DVA systems and processes so they can be improved.⁴⁸⁹ DVA started conducting AEA in October 2021 after a trial period begun in 2018.⁴⁹⁰ AEA includes three stages: a preliminary analysis, a comprehensive analysis and a review phase.⁴⁹¹ Since 2018, only 13 preliminary analyses and two comprehensive analyses have been completed and no reviews have been commenced.⁴⁹² The AEA program has also not been finalised; governance arrangements are still being refined.⁴⁹³

Open Arms reviewing data on clients who have died by suicide

323. Open Arms is a DVA-funded service and its leaders report directly to DVA.⁴⁹⁴ Open Arms told us it has reviewed its data to identify systemic features in the cases of clients who have died by suicide.⁴⁹⁵ The review also allows Open Arms to identify opportunities to improve services in the future.⁴⁹⁶

324. For example, an August 2022 analysis summarised all clinical incidents that Open Arms had received notifications for between 1 January 1986 and 31 July 2022. It analysed demographic patterns and risk factors of clients who had died by suicide or possible suicide during this timeframe.⁴⁹⁷ This is useful analysis, and demonstrates the value of Open Arms data contributing to a better understanding of deaths by suicide. We encourage Open Arms to responsibly use the data at its disposal to contribute to the understanding of veteran wellbeing.

29.6 Enabling better Defence and DVA research and evaluation

325. During our inquiry we identified opportunities for both Defence and DVA to improve their research and evaluation activities to advance the understanding of suicide, suicidality and self-harm, and to gain insights into what policies, programs and practices are working or not working – and why. We discuss these issues in this section. We cover the transparency of outcomes from research undertaken by or for Defence and DVA. We also focus on the management and coordination of research and evaluation, research partnerships, and mechanisms for listening to veterans – and how these can be improved. A transparent, collaborative and resourced research program is required to improve understanding of the risk and protective factors associated with military service.⁴⁹⁸

29.6.1 Research activities and outcomes should be more transparent

326. Defence and DVA have commissioned and contributed to a range of valuable research projects. Annexure 29.6 shows a number of the important research studies that have been undertaken.

327. This research has provided useful findings. For example, the Longitudinal ADF Study Evaluating Resilience (LASER) followed participants through the early years of their military careers, from enlistment or appointment for up to four years.⁴⁹⁹ The study found that there were ‘modifiable’ aspects of service life that could affect wellbeing, including social support, leadership, coping styles, sleep, alcohol use and anger.⁵⁰⁰ It also identified specific groups, such as younger ADF members, that would benefit from greater support.⁵⁰¹
328. Although we commend the commissioning of these studies, we also note that few of them have been continued. Over time, useful research projects have not been sustained or completed.⁵⁰² Further, opportunities have been missed to follow up on these research projects.⁵⁰³ We believe that Defence and DVA should be doing more to expand their understanding of suicide and suicidality through sustained research projects.
329. We acknowledge that Defence has begun scoping a new longitudinal study to measure the health and wellbeing of ADF members across their life. A feasibility report due in June 2024 will consider whether a pilot study would be worthwhile.⁵⁰⁴ We note that the United States has had a longitudinal study in place since 2009, to produce actionable information on risk reduction and resilience building aimed at reducing suicide, suicidality and other mental health issues. The study follows soldiers throughout their Army careers and as they transition back to civilian life.⁵⁰⁵ This study is discussed in more detail in Chapter 2, Lessons learnt from overseas.
330. Professor of Military Mental Health, Jennifer Wild, identified that Defence has historically had an ad hoc approach to conducting health research. However, she noted that the ‘most effective way to deliver interventions with the highest efficacy’ is to ‘take a programmatic approach’ – that is, a program involving a series of ‘linked-up studies’ – and that a programmatic approach has no limitations.⁵⁰⁶
331. In response to this, Defence has developed a five-year program of research into mental health and wellbeing.⁵⁰⁷ This will build on previous research, such as LASER, and information on the program and findings from the research will be made publicly available.⁵⁰⁸ Although we acknowledge the merits in this, we also note that the five-year research program does not encompass the entirety of Defence research on mental health and wellbeing, and Defence does not have structured research programs for its other research.⁵⁰⁹ As a result, there is limited visibility into Defence’s total mental health and wellbeing research efforts.
332. Major General Jeffery John Sengelman DSC AM CSC (Retd) stated that there must be a purposeful strategy to research efforts.⁵¹⁰ We agree. It is important to establish a clear research program to enable the kind of research that will genuinely improve understanding of mental health and wellbeing in the Defence community.

Introducing greater transparency through research workplans

333. Research workplans are used to set research priorities, and to establish and communicate timeframes for research through to publication. They can also be used to consult with stakeholders – in this case, veterans and their families – and other researchers, and to monitor progress. These functions can be achieved when workplans are updated frequently and there is transparency or public reporting of the priorities and timeframes they express.⁵¹¹ Then Chief of the Defence Force General Campbell stated that ‘transparency and public reporting helps to improve organisations’.⁵¹² We agree.
334. In our view, Defence and DVA need to be transparent about what their research activities are. This includes greater transparency about research priorities, research programs and research findings. This will provide the veteran research community with a view of the work Defence and DVA are doing to progress the understanding of suicide and suicidality.
335. Greater transparency may also assist the research community. Defence health research, including research conducted by external researchers, is subject to a project being approved by Defence. The approval process involves considering whether a project is aligned with Defence research priorities.⁵¹³
336. A review of Defence’s health research governance found there was limited information available on research that was underway or completed, and no landing page on the Defence website with information about research.⁵¹⁴ The review also highlighted that Defence’s strategic research priorities were not available on the Defence website.⁵¹⁵
337. We do acknowledge that Defence has recently published its strategic health research priorities and its 2021 health research framework.⁵¹⁶
338. DVA published the Strategic Research Framework it developed for 2019–21 to guide its commissioning of research.⁵¹⁷ DVA also publishes its research priorities.⁵¹⁸ However, we note that at the time of writing, DVA had not updated the framework, despite planning to do so in 2022.⁵¹⁹
339. The Productivity Commission recommended in 2019 that Defence and DVA set research priorities on issues affecting the health and wellbeing of veterans. It recommended that the priorities should be published in a research plan that would be updated annually.⁵²⁰ This would help Defence and DVA track progress and be more transparent about research outcomes and evidence gaps.⁵²¹
340. The Australian Government indicated that the recommendation had been implemented⁵²² and specified that the Strategic Research Framework for 2019–21 addresses the recommendation.⁵²³ However, we do not believe that the intent of the Productivity Commission recommendation has been met.
341. First, the Productivity Commission itself stated that the Strategic Research Framework would not meet the intent of the recommendation:

While publishing a framework is a positive step in addressing gaps in veteran research, it would be a complement to, rather than a replacement for, a veteran research plan.⁵²⁴

342. Second, the current DVA framework falls short of what the Productivity Commission recommended. Although DVA's Strategic Research Framework was made publicly available in 2019, no annual updates have been published and the document does not include a plan of research.⁵²⁵ DVA only updates the framework every three years and the scheduled update has been delayed.⁵²⁶ Instead of making annual updates to the framework, DVA told us that research priorities are reviewed annually and revised as needed.⁵²⁷ Without annual updates to the framework, which is how DVA stated it had implemented the Productivity Committee's recommendation, there is no way to monitor research progress regularly.
343. We recommend that both Defence and DVA develop and publish research workplans on veteran health and wellbeing. This will raise awareness of the progress of current and planned research activities, including which research programs will be sustained. More transparent research activities will also help reduce duplication of efforts under additional funding provided for veteran health research (see Recommendation 121).⁵²⁸ DVA told us that it had no mechanism to 'publicly report on research outcomes and progress'.⁵²⁹ We suggest that both DVA and Defence develop such a mechanism.
344. Publishing workplans and providing up-to-date research priorities would enable the research community to identify gaps in Defence and DVA's work program that could be independently pursued.⁵³⁰ Both Defence and DVA agree with this position.⁵³¹ We also agree with the Productivity Commission's suggestion that these workplans be developed in consultation with serving and ex-serving members, as discussed in section 29.6.4.⁵³²

Recommendation 114: Defence and the Department of Veterans' Affairs to prioritise research into veteran health and wellbeing and publish their workplans

Defence and the Department of Veterans' Affairs should publish research workplans showing research priorities on issues affecting the health and wellbeing of current and ex-serving members. These workplans should be updated annually and include information on planned research and the progress of research that is underway.

Defence and DVA should publish research findings by default

345. In addition to being more open about research priorities, Defence and DVA should also change their policies on the publication of research findings. In our view, there is limited information on research findings available on the Defence and DVA websites. Access to this type of knowledge would mean research findings can be shared and would allow other researchers to build momentum from those findings.⁵³³ Major General Sengelman stated:

My understanding is that we've been doing longitudinal studies of veterans from Korea forward and that those longitudinal studies actually delivered results and reports. They involved detailed conversations and inquiries with over 40,000 veterans. And I go, well, where is the distilled wisdom from all that prior research?⁵³⁴

346. DVA has published some research outputs, including those of studies delivered through the Transition and Wellbeing Research Programme.⁵³⁵ However, DVA told us it does not publish results of all the research it commissions.⁵³⁶ DVA told us it might decide not to publish findings where:

- the government is required to make decisions about the findings or recommendations
- implementation of the findings or recommendations requires funding
- there is information that is considered protected, sensitive or for internal use only
- there are issues with the quality of the data used
- there is the potential to identify individuals.⁵³⁷

347. In our view, in the case of findings that have implications for government decision-making, including funding arrangements, there should be a bias towards making this information publicly available rather than deliberately hiding it from public view. This openness would allow the community to see which actions are being taken (or not being taken) to address veteran health and wellbeing and why they are being taken (or not being taken).

348. Defence has also indicated that it does not publish all research reports, and makes this call on a case-by-case basis.⁵³⁸ As mentioned in section 29.6, a November 2023 review of Defence found there was limited information on completed research and no landing page on the Defence website to inform users about research.⁵³⁹ Defence told us it does not publish a complete list of publications on its website but work is underway to provide a list of peer-reviewed publications related to health outcomes that have been produced over the past 20 years.⁵⁴⁰

349. We recommend that Defence and DVA adopt a publication-by-default policy to improve research transparency.

350. In addition to improving transparency of research priorities and findings, Defence and DVA should introduce more independent scrutiny as part of the research publication process. At a minimum, research relevant to the wellbeing of serving and ex-serving members should be scrutinised by the new expert committee on veteran health research (see Recommendation 117). Defence and DVA agree that there is significant advantage to be gained from the wider research community reviewing and discussing research.⁵⁴¹

351. Defence and DVA should take other opportunities for external scrutiny, such as publishing in peer-reviewed journals and presenting at conferences, as a way of sharing findings and ensuring that research practices are consistent with those of the broader research community. We note that DVA sometimes includes a requirement for researchers to submit articles to journals.⁵⁴² We suggest that DVA applies this approach more consistently and that Defence adopts it too.
352. We believe that greater transparency and scrutiny of research findings will have a number of benefits:
- Defence and DVA can better demonstrate the work they are doing to understand the health and wellbeing of serving and ex-serving members.
 - Defence and DVA can provide greater visibility of the information available to them to understand the health and wellbeing of serving and ex-serving members.
 - It will reduce the likelihood that research findings that are critical of Defence and DVA are hidden from public view.
 - Defence and DVA can be held accountable for any necessary actions arising from research findings.
 - Public money, including funds for Defence and DVA, would be spent on publicly available resources and findings.
 - Researchers can build on research findings to improve their understanding of serving and ex-serving members and explore whether findings also apply to other contexts.
353. We acknowledge that some reports should not be made public in full due to legal, commercial and national defence sensitivities. However, in the areas of health and wellbeing, we believe there would not be much material that is so sensitive that it could not be published if appropriate care was taken to redact sensitive content and provide clear disclaimers.

Recommendation 115: Defence and the Department of Veterans' Affairs to publish their research into veteran health and wellbeing

Defence and the Department of Veterans' Affairs should conduct and, as a matter of course, publish research that includes information on the health and wellbeing of serving and ex-serving members.

Prior to publication, research outputs should be subject to review from independent researchers, including from the new expert committee on veteran health research (see Recommendation 117).

29.6.2 Research and evaluation should be coordinated across Defence and DVA

354. In 2019, the Productivity Commission identified the need for Defence and DVA to improve their research strategies and for DVA in particular to strengthen its evaluation practices.⁵⁴³ This tells us that issues around research and evaluation have been known about for a number of years.

In this section, we discuss our concerns about Defence's and DVA's research and evaluation practices and recommend solutions. We begin our discussion with consideration of Defence's program of survey research for serving ADF members, then consider evaluation across Defence and DVA and the translation of research findings.

Surveys of Defence members are poorly conducted and data is underused

355. Conducting research by surveying members is one way that Defence can inform itself about the wellbeing of serving members.

356. Defence has a significant program of internal surveys. These aim to capture 'the workforce's view of culture and climate, which includes organisational and personal wellbeing'.⁵⁴⁴ Annexure 29.7 outlines the major workforce surveys Defence conducts. These include surveys conducted by the three services and Defence-wide surveys managed by the Defence People Group and Joint Health Command, such as the Workplace Behaviours Survey and YourSay Workplace Experience Survey.

357. Annexure 29.8 presents concerns that we have from reviewing Defence's surveys. Our concerns include:

- low response rates to surveys
- duplication of questions and categories across surveys
- limited detail provided in reports of survey results
- frequent changes to survey questions, meaning results cannot be compared
- lack of centralised oversight and coordination in conducting surveys
- inconsistent data collection on vulnerable populations.

358. Defence already shares some of these concerns. For example, Deputy Secretary of Defence People Group, Justine Greig PSM, said Defence members are asked to respond to 'too many' surveys and as a result, response rates 'go down'.⁵⁴⁵

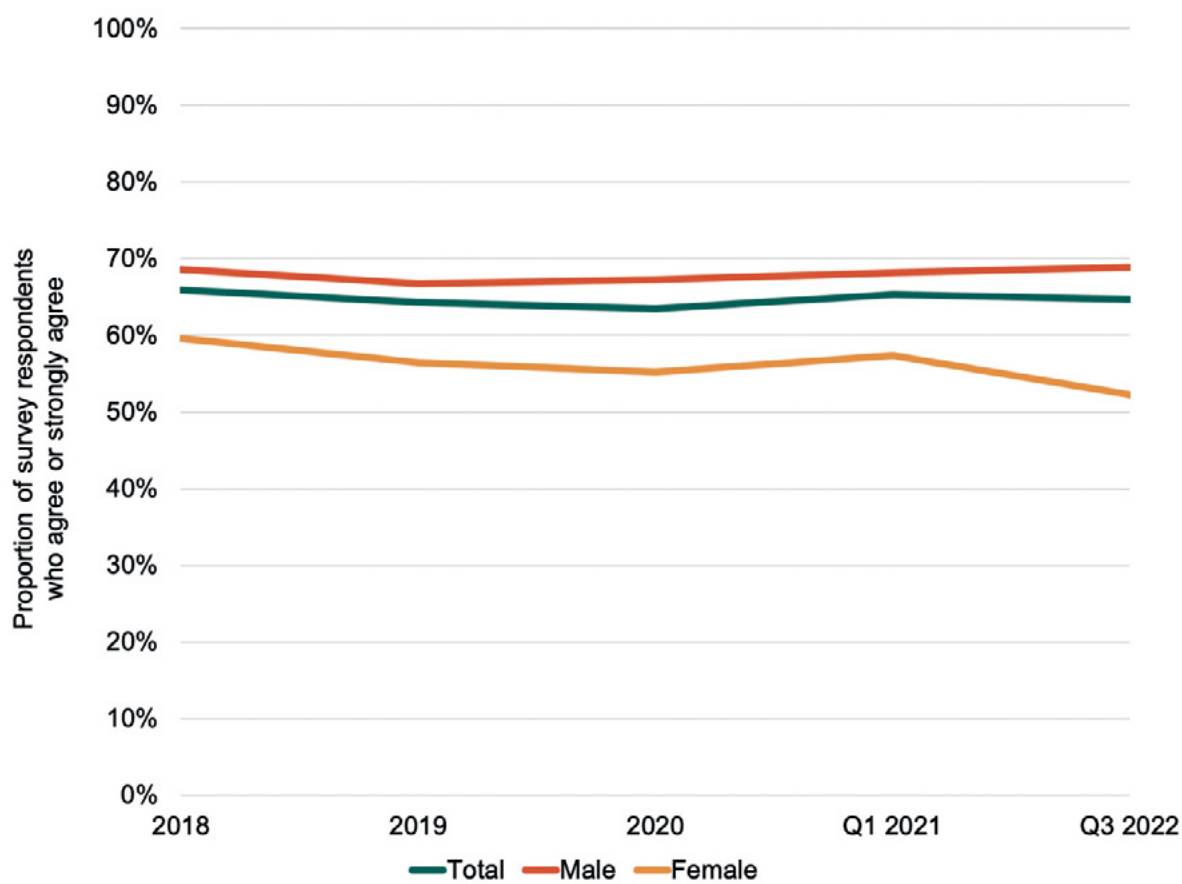
359. We have mapped some of the major surveys Defence has administered since 2017 (see Figure A2 in Annexure 29.7). Figure A2 shows that in any given year, an ADF member may be asked to complete a multitude of Defence-wide and single-service surveys. A November 2023 Defence People Committee discussion shows awareness within Defence that it is conducting too many surveys.⁵⁴⁶

360. The frequency of surveys increases the risk of survey fatigue,⁵⁴⁷ which is one possible explanation for low response rates.⁵⁴⁸ Despite the frequent surveys, the collation of usable data is limited:

While many different surveys are conducted in Defence, very few collect data across the entire Defence population or collect data in [a] way that enable[s] subsequent integration of data from multiple surveys to provide Defence-wide insights.⁵⁴⁹

361. In section 29.2.1, we discussed the need for vulnerable populations to be included in Defence's suicide surveillance. We also suggest that Defence improve data collection relating to these populations in its survey program. For example, the Workplace Behaviours Survey captures limited demographic information, only some service information and a single question on gender.⁵⁵⁰ No questions on LGBTIQ+ identity are asked in the Workplace Behaviours Survey or the YourSay Workplace Experience Survey, which are Defence's main enterprise-wide surveys measuring culture and behaviour.⁵⁵¹ In our view, without adequate demographic information, the experiences of minority and vulnerable cohorts may not be well understood.
362. Elsewhere in this report, we have discussed the need to improve the collection and use of survey data for members separating from the ADF. For example, from 2020 to 2022, only 177 transitioning members responded to the exit survey.⁵⁵² This presents challenges for developing a representative understanding of the views of members separating from the ADF, see Chapter 6, Retention issues and voluntary separation.
363. The absence of detailed reporting of survey data by Defence is also of concern. Although Defence produces some reports on unacceptable behaviour, our review of them reveals a lack of detail in the analysis presented. For example, a September 2020 three-page Defence report designed to 'present a brief summary of workplace behaviours for Whole of Defence' did not include any split of results by gender. This meant that no information was presented on whether the views and experiences of unacceptable behaviour differ between male and female ADF members.⁵⁵³
364. The Royal Commission conducted its own analysis of Defence data, and found differences between males and females in their reported experiences of unacceptable behaviour. Figure 29.4 shows that only around 50 per cent of females agreed or strongly agreed that 'incidents of unacceptable behaviour are managed well in the ADF', well below the 70 per cent for males.⁵⁵⁴ We are concerned and disappointed that Defence has not used its data to generate, communicate and make use of findings such as this.
365. Responses to survey questions on sexual misconduct and sexual assault are also highly gendered, see Appendix L, Defence survey data. Without understanding these realities, Defence's attempts to reduce instances of unacceptable behaviour and improve responses to unacceptable behaviour when instances arise are less likely to succeed.⁵⁵⁵ We discuss further concerns about Defence's underuse of data on unacceptable behaviour in Chapter 9, Unacceptable behaviour and complaints management.

Figure 29.4 ADF members' perceptions on whether incidents of unacceptable behaviour are managed well in the workplace



Source: Royal Commission analysis of YourSay Workplace Experience Survey data from 2018 to 2022, Exhibit N-01.012, Defence response to Data Project – Validation of Defence Survey Data Analysis, 9 February 2024, DVS.0012.0001.3743 at 3746–3748 [Table 1.1–Table 1.3]. Analysis is based on permanent and reserve ADF members. See also, Appendix L, Defence survey data.

366. In March 2022, Professor Megan MacKenzie provided us with expert views on military suicide and military sexual violence. Professor MacKenzie stressed the importance of having a consistent and robust anonymous survey program to help understand the actual number of incidents of sexual violence.⁵⁵⁶ She also noted that despite the importance of continuity, some Defence surveys had changed almost every year, or had been halted and restarted under a different name or with different questions.⁵⁵⁷ For example, Defence's Workplace Behaviours Survey has changed many times in name, administration method and survey methodology between 1998 and 2018.⁵⁵⁸ Professor MacKenzie highlighted that inconsistencies in the Defence survey program make it difficult to understand the extent of unacceptable behaviour and analyse trends over time.⁵⁵⁹
367. Defence stated that the collection of data via the Workplace Behaviours Survey 'is appropriate and reflects good research practice'.⁵⁶⁰ Defence has noted that changes are necessary to reflect advances in knowledge, as well as changes to Defence policies and programs. While we acknowledge this in principle, we are concerned that the right balance may not have been struck in terms of the impact of these changes. Further, this is not the only survey that has been subject to multiple changes.⁵⁶¹

368. Defence has acknowledged the need to examine its survey program to reduce duplication and increase participation rates.⁵⁶² The aim is to coordinate enterprise-wide and single-service surveys.⁵⁶³
369. Changes to Defence's survey program are needed and should be prioritised. However, the need for further changes should be balanced against the difficulties of interpreting findings from data that is not collected in a consistent way. Defence should consider how it could better direct resources devoted to the current survey program to streamline its program of survey data collection and storage. We address this in Recommendation 116, in which we suggest making a centralised function responsible for revising the survey research program.
370. Defence is also considering how survey data can be combined with other data collections, such as incident reports, to build a more complete understanding of unacceptable behaviour.⁵⁶⁴ We encourage this work. Commanders have testified that analysing information from surveys alongside other data collections – such as unacceptable behaviour incidents – would be useful.⁵⁶⁵
371. We support an improved, coordinated survey program and believe it should be designed with the integration of other data sources in mind. The University of Canberra recommended developing an integrated data framework. This type of framework identifies how to coordinate data collection over time across different population cohorts, and which methods should be used to integrate that data to meet information needs.⁵⁶⁶
372. Such a framework could help ensure that sufficient good-quality data is collected in a timely fashion, while reducing the number of surveys and other forms of data collection Defence personnel are asked to engage with.⁵⁶⁷ We suggest that Defence integrate its data collections to produce more insights on member wellbeing while maintaining privacy and confidentiality. For example, administrative and survey data could be linked while ensuring that survey responses remain anonymous.⁵⁶⁸
373. We are pleased that DVA is going through a process to 'provide centralised oversight of all external surveys (current and planned) and to improve coordination and consistency of surveys across DVA'.⁵⁶⁹ We note that DVA surveys currently focus on DVA clients, with DVA using other data sources to understand the broader veteran community.⁵⁷⁰ We discuss some of these data sources in section 29.7. DVA should also consider whether it should extend its survey program to include veterans who are not DVA clients.

Evaluation is done inconsistently

374. Evaluation in the context of the work of the Australian Government is a process to understand and demonstrate the performance of government programs and activities.⁵⁷¹ It can inform improvements to policies, and program design and implementation.⁵⁷²

375. Problems with evaluating veteran wellbeing programs and policies have been raised throughout this report. For example, in Chapter 15, Promoting health and wellbeing among ADF members we raised concerns about a lack of evaluation of Defence's Critical Incident Mental Health Support (CIMHS) policy to consider the impact on participants. Additionally, in Chapter 11, Governance and accountability in Defence, we noted that Defence does not consistently evaluate outcomes to ensure that the reforms it introduces have the intended effect.
376. We acknowledge that Defence and DVA are developing a monitoring and evaluation framework for the Defence and Veteran Mental Health and Wellbeing Strategy 2024–29, which was due in June 2024 after we drafted this report.⁵⁷³ We discuss this strategy in Chapter 15.

Defence's approach to evaluation is deficient

377. Within Defence, deficiencies in evaluation occur at the strategic, framework and individual policy levels. For example, the ADF Health Strategy, which was endorsed in 2021 to provide direction for health capability within Defence, has not been evaluated.⁵⁷⁴ Further, there are 'no performance metrics or measures to determine success in achieving the Strategy'.⁵⁷⁵ Neither the planned post-commencement evaluation nor the interim evaluation of the ADF Health Research Framework 2021–2025 occurred.⁵⁷⁶ No evaluations have been conducted into the effectiveness of individual welfare boards, the use of support officers or the mental health support provided through health care for members since 2020.⁵⁷⁷
378. One Defence staff member said of the mental health and wellbeing programs 'There is no feedback loop. There is no learning. There's no evaluation'.⁵⁷⁸
379. To date, Defence's approach to evaluating health programs and strategies has been varied.⁵⁷⁹ Health evaluation functions existed in the Joint Health Command, Joint Operations Command, Defence People Group, the three services, and a number of branches, divisions and units.⁵⁸⁰
380. In December 2023, a University of Canberra review found that '[c]lear evaluation guidance documents are needed', such as policies, procedures and tools to enable evaluation activities.⁵⁸¹ The review identified that Defence programs tend to focus on 'outputs' rather than 'outcomes', which highlights the need for clear frameworks to guide approaches to evaluation.⁵⁸²
381. Defence recently adjusted its approach to evaluation by establishing a central evaluation team to oversee and coordinate all Defence mental health and wellbeing initiatives:

The evaluation team will support other areas in Defence to co-develop evaluation documentation, develop Terms of Reference, and assist to procure an external consultant where this has been approved.⁵⁸³

382. The team is developing an annual schedule for evaluating mental health and wellbeing initiatives. Further, the team will produce evaluation plans for new programs and, in the future, for existing programs.⁵⁸⁴
383. We note that a draft of Defence's June 2023 Culture Evaluation Plan outlined evaluation principles, considerations and processes related to Defence's Culture Blueprint see Chapter 7, Culture and leadership. We are optimistic about the plan but suggest that external scrutiny, such as by our proposed new oversight entity (see Chapter 30, Beyond the Royal Commission) through its independent oversight role, is needed to ensure the plan is implemented in full.

Defence's evaluation and data issues are intertwined

384. According to the Associate Secretary of the Department of Defence, Matt Yannopoulos, data is 'critical' to evaluating and monitoring progress.⁵⁸⁵
385. The December 2023 University of Canberra review also found that Defence's evaluation capacity was limited by a lack of resources and skilled people, as well as issues with data availability and governance structures.⁵⁸⁶ The review stated that Defence rarely conducts impact evaluations, so evaluation data is not available.⁵⁸⁷ The Surgeon General of the ADF and Commander of the Joint Health Command, Rear Admiral Sonya Bennett AM RAN, accepted the report raised legitimate concerns with data and evaluation:

noting that the final reports have just been received and, in fact, the Joint Health Command team is yet to provide their final outcome evaluation of that themselves internally. But we've had some discussions and I think most of the premises around evaluation capability and data issues I think we would accept ...⁵⁸⁸

386. A 2021 review of Defence's evaluation practices identified more issues specific to data:
- There are significant data gaps between the data that is available and the data that is needed to monitor and evaluate suicide prevention programs.
 - It is difficult to gain access to data needed for evaluation.
 - Health, human resources and population datasets that would allow for targeted evaluation are poorly integrated.⁵⁸⁹

387. All of this impacts Defence's capacity to reduce deaths by suicide. For example:

it is 'very difficult to objectively determine whether the SPP [Suicide Prevention Program] is effective as there is no adequate data collected to determine SPP outcomes, nor are there clear parameters on what effective means in a complex program and delivery environment.'⁵⁹⁰

388. Despite this, the Commonwealth considers there is no 'evidence or basis' for the proposition that poor evaluation practices have affected Defence's ability to reduce deaths by suicide.⁵⁹¹ We strongly disagree.

389. We nevertheless acknowledge that Defence is making some progress in understanding what data it might need to consider the impact of its suicide prevention efforts. In October 2023, Defence commissioned work to determine what additional data should be collected to apply a suicide prevention research framework within Defence. The commissioned work included reviewing what Defence data could be made available for research purposes and developing a map of risk and protective factors for suicidal ideation and behaviour in a military setting.⁵⁹²

DVA's approach to evaluation is deficient

390. We believe that DVA can also improve its evaluation practices. DVA itself has noted that it has not had a consistent approach to evaluation.⁵⁹³ As noted at the start of section 29.6.2, in 2019, the Productivity Commission raised concerns and recommended that DVA conduct more, higher-quality reviews and evaluations.⁵⁹⁴ The Productivity Commission found a lack of robust data, evidence and research assessing the effectiveness of services provided to veterans.⁵⁹⁵

391. Five years later, we think the overall management and direction of evaluation at DVA is still a concern. DVA's purpose is to 'support the wellbeing of those who serve or who have served'.⁵⁹⁶ However, DVA told us there is no requirement for evaluations of DVA-funded programs to measure the effectiveness of outcomes for ex-serving members.⁵⁹⁷ This is deeply concerning. We consider that the lack of rigorous evaluation is undermining the effectiveness of DVA programs.

392. We also found other inconsistencies in DVA's approach to evaluation. DVA told us in May 2023 that it is unsure which mental health programs *can* be evaluated.⁵⁹⁸ It has nevertheless noted that suicide and wellbeing are research priorities for 2022 and 2023.⁵⁹⁹

393. Open Arms, which reports directly to DVA, is also lacking evaluation capability.⁶⁰⁰ Open Arms has noted that service delivery data is not recorded in a way that it can be used to analyse client outcomes at an aggregate level.⁶⁰¹ We note that Open Arms is beginning to collect, analyse and interpret data at the aggregate level and that this will reveal the extent to which Open Arms is providing quality services to veterans.⁶⁰²

394. We acknowledge that DVA has made changes to its approach to evaluation as a result of a departmental restructure in July 2023. This includes expanding the scope of evaluation to include all DVA health and wellbeing programs.⁶⁰³ DVA is developing an evaluation workplan, working with internal and external stakeholders to facilitate evaluations, maintaining records of evaluations and providing input to policy initiatives.⁶⁰⁴ DVA has also established a team to incorporate evaluation into the policy development process, and consider commissioning strategic partners to undertake research and evaluation.⁶⁰⁵

395. We are pleased by the renewed focus on evaluation but suggest that DVA and Defence consider how other Australian Government agencies evaluate the effectiveness of their policies and programs. For example, the Department of Health and Aged Care has

published its Evaluation Strategy 2023–2026.⁶⁰⁶ This provides guiding principles for how and when evaluations are undertaken and aims to increase the use of evaluation evidence by clarifying reporting requirements of evaluation activities and promoting the publication of findings.⁶⁰⁷

396. We also note that DVA has developed material to support its staff to incorporate evaluations into the department's work. This material includes an evaluation framework and a policy evaluation guide, which set out evaluation stages, principles and procedures.⁶⁰⁸ We are encouraged by this more comprehensive focus on evaluation.
397. DVA has also developed a program evaluation and review plan. The plan sets out what DVA will evaluate through to the 2025 financial year. Although the plan states that a range of programs will be evaluated, suicide prevention and wellbeing are not a specific focus.⁶⁰⁹ It is 'anticipated' that evaluations of programs managed by DVA's Mental Health and Wellbeing Services Division will be added to future versions of the plan.⁶¹⁰
398. We are disappointed that they are not already included. This is a noticeable omission. DVA's central research and evaluation team (see Recommendation 116) should ensure that these programs are added to the plan. We discuss the role of this team further in the following section.

Responsibility for translating findings is dispersed

399. It is critical that research and evaluation findings are 'translated' into policies and programs to improve actions aimed at reducing suicide and suicidality.⁶¹¹ The need to improve the translation process is urgent.⁶¹² Under current arrangements, it is left to Defence and DVA to determine whether there is a need to change policy and program settings based on research findings, even when external researchers conducted the research.⁶¹³ At times, this has meant that research findings have not been incorporated into recommendations and actions for change.⁶¹⁴
400. We are encouraged that departments have previously shown they can adopt collaborative approaches to research translation. For example, as part of research on the health and wellbeing of female Vietnam and contemporary veterans, a steering committee was established involving representatives from the female veteran community, DVA and the researcher. The use of the committee enabled each group to provide input into recommendations arising from the research.⁶¹⁵ We think this input is important. We discuss the value of research partnerships with people with lived experience in sections 29.6.3 and 29.6.4 of this chapter.
401. We are also encouraged that for each of its research projects, DVA now produces a completion report that outlines how it will use the research.⁶¹⁶ These reports are shared with the DVA Research Board, for transparency and accountability.⁶¹⁷ We found that these reports provided summaries of the research findings and details of the research project. Importantly, the reports identified how the findings would be applied to DVA – including by briefing the executive – and whether they would be published.⁶¹⁸

402. DVA has also established a section responsible for:

disseminat[ing] research, determin[ing] the usefulness of these [research] findings for the DVA business context, translat[ing] research findings with DVA business area subject matter experts into policy development, program enhancement, clinical practice improvement and service delivery offerings, and measure[ing] the impact of the research projects.⁶¹⁹

403. We recognise that research translation can be a challenging process, particularly with respect to translating and embedding findings into clinical practice and enhancing service delivery options. This may be particularly so for the clinical workforce that supports the defence and veteran community, noting the dispersed nature of this workforce and their varied areas of practice. We consider this issue further in Chapter 14, Introduction to health care for members and veterans.

404. Within Defence, the translation process is more complex. Defence found that:

strengthening and improvements are needed to translate research findings to the Defence health system and to policy and practice ... This has, in turn, led to missed opportunities for improving health outcomes as well as reducing costs on the health system.⁶²⁰

In response to this finding, Defence produced the ADF Health Research Framework 2021–2025, which includes the objective to ‘build and strengthen pathways for translating research findings to the Defence health system and into policy and practice’.⁶²¹ As part of this, the framework emphasises the value of taking a deliberate approach to data collection, storage and analysis, making research findings transparent, and establishing research partnerships.⁶²² We agree with these ideas and have discussed them throughout this chapter.

405. To implement this objective, Defence has established several committees. These include:

- the Defence Health Research Steering Group, whose task it is to ‘support [the] translation of research into health services policy’
- the Health Science, Technology and Research Advisory Panel and the Members Reference Group, with each responsible for supporting the ‘translation of evidence bases into changes in Defence practice and policy’.⁶²³

406. Defence has also appointed Professor Jennifer Wild as Professor of Military Mental Health. This role was established to ‘strengthen the conduct and translation of military mental health research into policy and programs with the ADF’.⁶²⁴ Yet when we asked Professor Wild about the translation of her research for Defence, she said this had not been determined.⁶²⁵

407. The dispersed nature of responsibility for research translation appears to us to be characteristic of how Defence manages and governs health research. Indeed, a recent University of Western Australia review of Defence’s health research

governance found that no single position or committee has clearly described responsibility for developing, maintaining or publishing health research governance policies and procedures.⁶²⁶

408. This review also found duplicated roles and responsibilities in Defence committees tasked with providing advice and recommendations on the scientific design, rigour, quality and integrity of research projects.⁶²⁷ Further, several important governance documents do not exist or need to be updated.⁶²⁸ These deficiencies have flow-on effects. For example, there is currently no efficient way to minimise duplication of research.⁶²⁹
409. Furthermore, there are also concerns about the timeliness of measures Defence introduced to improve health research governance. A Joint Health Command implementation document identified that only three out of the 11 measures to improve research governance were on track for completion.⁶³⁰
410. Defence told us that it is developing a knowledge translation framework.⁶³¹ In our view, a framework would be useful to guide the various strategies to translate research into policy and practice, and to provide a unified approach. However, when we asked for the framework, Defence advised us that it did not exist.⁶³²

Centralised research and evaluation teams should be established

411. We recommend that Defence and DVA create centrally situated teams within their respective departments to improve health and wellbeing research and evaluation practices, improve governance, and reduce the dispersion of responsibility for translating resource outcomes into clear actions. Centralised teams would help ‘manage research and evaluation-related functions in an efficient, effective and coordinated way’.⁶³³
- (1) The teams should be responsible for leading an improved health and wellbeing research and evaluation culture.
 - (2) In the case of Defence, the team should develop a more streamlined survey research program. Surveys should collect information that can be used to evaluate Defence programs and policies effectively. The surveys should capture data on the health and wellbeing of ADF members, and data not otherwise included in Defence’s administrative datasets and the National Veterans’ Data Asset.
 - (3) The teams should manage the evaluation of health and wellbeing programs and policies within their respective departments, and ensure evaluations are appropriate and effective.
 - (4) The teams should develop and maintain an evaluation schedule for all mental health and suicide prevention programs.
 - (5) The teams should develop and maintain a central library of health and wellbeing evaluations and relevant research, ensuring that evaluation findings are used and incorporated into future programs and policies.

- (6) The teams should monitor the integration of health and wellbeing research outputs into policy, programs and practices, ensuring that research outputs are translated effectively.
 - (7) The teams should use data and research to provide timely, targeted and effective advice to improve suicide prevention, intervention and postvention support (see Recommendation 113).
412. The centralised teams should prioritise research and evaluations directly related to the wellbeing of serving and ex-serving ADF members. In Chapter 3, Recruitment and initial training, we emphasise that Defence should evaluate its mandatory training programs, and regularly engage with members as part of that evaluation to ensure that the training program meets their needs. We also emphasise evaluation of DVA's rehabilitation program in Chapter 25, Supporting DVA claimants and clients.
413. DVA told us a centralised team would maximise research investment by developing and maintaining relationships with research organisations, and reduce potential duplication of research administration. It would also provide a central point of contact for research queries, and maximise the use of staff with research and evaluation expertise.⁶³⁴
414. Defence and DVA should consider where such a research and evaluation team would best fit into their organisations. We are mindful that government departments often undergo restructures and therefore will avoid being prescriptive. However, it is important that the teams are located so that they have access to senior leaders responsible for developing policies, programs and projects. This would help ensure those leaders are made aware of research and evaluation results and that the centralised teams are empowered to access the information and resources required to perform effective evaluations.
415. We also note that the functions of the research and evaluation teams we recommend could be consolidated within existing or emerging areas of Defence and DVA.
416. For example, we acknowledge that Defence is taking steps towards an 'integrated approach to research and evaluation' as part of 'evolving its approach to research and evaluation functions relating to the health (including mental health) and wellbeing of ADF members'.⁶³⁵ This includes establishing a central evaluation team in the Mental Health and Wellbeing Branch.⁶³⁶
417. We also acknowledge the establishment of the section within DVA discussed in section 29.6.2, and its responsibilities relating to research dissemination, translation and impact assessment. Furthermore, we note DVA's establishment of a team focused on evaluation, including evaluation as part of the policy development process (see section 29.6.2).
418. We support, in principle, the establishment of these teams in Defence and DVA. However, based on the evidence available to us, we believe the functions of the teams need to be expanded to fully address the seven responsibilities listed earlier.

419. Given the shared interests between Defence and DVA, it will be important for the respective teams to work together and share insights from their evaluations and research findings. Defence and DVA teams should also collaborate to ensure that governance arrangements support joint research and evaluation efforts.
420. We note that Defence and DVA have a joint research agenda to identify opportunities for shared funding and to discuss research.⁶³⁷ This joint approach led to the establishment of the DVA/Defence Research Advisory Committee to discuss mutually beneficial research proposals.⁶³⁸ This is commendable as it removes duplication of expenditure, improves collaboration between the departments, and provides a strategic method to contact and build relationships with serving and ex-serving members and their families to support research studies.⁶³⁹
421. Defence said there are many advantages and no disadvantages for Defence members associated with the joint research agenda.⁶⁴⁰ However, arrangements for the joint agenda have become uncertain over time. An agreed-upon joint agenda originally lasted for almost four years to 2017, and then for another four years from 2018 to 2021.⁶⁴¹ Since then, single-year extensions have been made to the arrangements.⁶⁴²
422. Defence and DVA have noted their desire to continue the joint research agenda when the current agreement expires in 2024.⁶⁴³ We support a joint research agenda and recommend that an ongoing arrangement be made to avoid the need for frequent renegotiation.
423. We also note that the Defence and DVA centralised teams should provide input and leadership on the process for exploring the development of the veteran health-focused Research Translation Centre (see Chapter 14, Introduction to health care for members and veterans). We see this as an important example of the centralised teams building relationships with researchers, clinicians and relevant stakeholders.

Recommendation 116: Improve the quality, evaluation, translation and sharing of research findings

Defence and the Department of Veterans' Affairs (DVA) should create evaluation and research teams in a central area of their respective departments to improve the quality and coordination of research and evaluation practices. These central research and evaluation teams should be given the following responsibilities:

- (a) take the lead on improving the research and evaluation culture
- (b) manage the evaluation of programs and policies within their respective departments, and ensure evaluations are appropriate and effective
- (c) develop and maintain the evaluation schedule of all mental health and suicide prevention programs
- (d) develop and maintain a central library of program evaluations and relevant research, ensuring that evaluation findings are used and incorporated into future programs and policies

- (e) monitor the integration of research outputs into policy, programs and practices, thus ensuring that research outputs are translated effectively
- (f) use data and research to provide timely, targeted and effective advice to improve suicide prevention, intervention and postvention support
- (g) implement the continuing joint Defence and DVA research agenda
- (h) in the case of the Defence evaluation and research team, develop a revised survey research program with surveys that:
 - (i) collect information that can be used to evaluate Defence programs and policies effectively
 - (ii) capture data on the health and wellbeing of Australian Defence Force members
 - (iii) capture data not otherwise included in Defence administrative datasets and the National Veterans' Data Asset.

29.6.3 External partnerships should be improved

424. In addition to Defence and DVA working together on research to advance understanding of suicide and suicidality in serving and ex-serving members, we also expect these agencies to partner with other research organisations. In section 29.6.1 and Annexure 29.6, we outline many studies that Defence and DVA have produced in partnership with independent researchers, universities and other organisations.⁶⁴⁴
425. We acknowledge these efforts; however, we agree with the then Chief of the Defence Force, General Angus Campbell, that '[t]here is always more to learn, do and understand', and that 'further steps and actions' are required to '[i]nvest in research partnerships'.⁶⁴⁵ Major General Jeffery John Sengelman DSC AM CSC (Retd) testified that government needs to make sure that 'collaboration is a standard characteristic of [their] approach' and that this collaboration is international.⁶⁴⁶
426. Defence is establishing a Health Science, Technology and Research Advisory Panel comprising experts from universities to advise the Surgeon General of the ADF and the Commander of the Joint Health Command.⁶⁴⁷ The purpose of the panel is to leverage expertise and research to 'support the delivery of a ready, responsive and resilient Defence health service'.⁶⁴⁸ We can't comment on the effectiveness of the panel because, despite being due to be established by June 2023, it had not been established at the time of writing.⁶⁴⁹
427. Defence and DVA established the Suicide Prevention Expert Advisory Group in March 2024 to provide expert advice on matters relating to suicide prevention for serving and ex-serving members.⁶⁵⁰ DVA and Defence initiate matters they wish to consult with the group on. These matters can include research opportunities and advice

on data analysis and research translation.⁶⁵¹ We also note that the Surgeon General of the ADF and Commander of the Joint Health Command, Rear Admiral Sonya Bennett, was unaware of this group in March 2024.⁶⁵²

428. We also acknowledge that DVA was restructured in July 2023, resulting in two groups being responsible for managing research and evaluation partnerships. These groups have a role in joint partnerships with Defence, AIHW and international collaborators.⁶⁵³
429. One potential benefit of improving research partnerships is that it could increase access to data. In section 29.4.1, we discussed our concerns about Defence not providing data to external organisations for research. In Box 29.2, we discuss issues with ethics approvals for Defence and DVA research that can stop research from proceeding. We are also concerned that Defence and DVA have missed opportunities to use research to better understand and prevent suicides.
430. In 2018 and 2019, DVA published a series of studies arising from the Transition and Wellbeing Research Programme (see Figure A1 in Annexure 29.6). In 2017, external researchers told DVA that high-risk participants from these studies should be followed up, including those who had reported symptoms of bipolar disorder, or suicidal ideation, plans or attempts. This follow-up was, in the researchers' opinion, part of their duty of care to participants.⁶⁵⁴
431. DVA agreed that it should conduct follow-up research, but said it would wait until the researchers had finished their report.⁶⁵⁵ This contrasted with the position of the researchers, who advocated for doing follow-up work earlier.⁶⁵⁶ It was not until January 2022 – almost five years later – that DVA contacted the researchers to start following up with high-risk participants.⁶⁵⁷ The researchers believed this was clearly a missed opportunity to support participants and that Defence and DVA had not fully interrogated the data to use it to improve health services.⁶⁵⁸ We believe a continuing partnership arrangement may have allowed the researchers to conduct important follow-up research earlier.
432. We have also heard that 'relationships between Defence and DVA and the academic community' have 'become problematic' since 2010.⁶⁵⁹ In our view, more needs to be done to improve collaboration and ensure that opportunities to conduct valuable research are taken. In 2019, the Productivity Commission proposed a structure to facilitate this, and recommended establishing an expert committee on veteran research.⁶⁶⁰
433. The committee's proposed role was to provide input into research priorities and a research workplan, monitor outcomes from the plan, promote the use of research, and ensure Defence and DVA publicly report on outcomes and progress from the workplan.⁶⁶¹
434. This committee was to include experts from government, academia and the private sector, with skills and experience in military and veterans' affairs, health care, rehabilitation, aged care, family support and other compensation systems.⁶⁶²

435. The expert committee on veteran research has not been established. The Australian Government has stated that the recommendation will be implemented via ongoing improvements already underway.⁶⁶³ Defence said it supported establishing the committee, but that DVA was leading its implementation.⁶⁶⁴ DVA told us that the Australian Government had accepted the recommendation, but had not decided how it would be implemented. DVA said other in-house groups and committees already provided these functions.⁶⁶⁵
436. In October 2023, we were told that the recommendation has been implemented through the existing structure of research groups and bodies across Defence and DVA.⁶⁶⁶ We were also told that DVA was still considering the 'extent to which the current arrangements (involving a range of experts on veteran health research) cover the functions recommended by the Productivity Commission'.⁶⁶⁷
437. We believe that this set of confused responses reflects a lack of coherence in the Australian Government's approach to veteran health research partnerships. DVA agreed with our proposition that there was a lack of cohesion in the Australian Government's approach to implementing recommendations related to external partnerships in research.⁶⁶⁸
438. The lack of inclusive and collaborative models for research partnerships that build an evidence base on the health of serving and ex-serving members contrasts with approaches taken by other Five Eyes nations. Box 29.1 highlights initiatives of other Five Eyes nations to improve collaboration with the research community. Defence and DVA should consider these examples in their efforts to improve collaboration with the research community.
439. We also acknowledge that international efforts to work together on mental health research already exist. For example, military and veteran mental health experts from Five Eyes nations have initiated a collaboration that aims to advance mental health research and treatment for serving military, veterans and their families.⁶⁶⁹ A Suicide Prevention Five Eyes Alliance Working Group has also been established to facilitate the exchange of scientific knowledge, lessons learned and recommendations; however, the group has met infrequently to date.⁶⁷⁰

Box 29.1 External research partnerships – a glimpse of what *could* be

Defence says that stakeholders ‘expect more streamlined and systematic engagement with research partners to ensure high-quality, relevant and timely research is delivered to optimise ADF capability’.⁶⁷¹ We also expect this and have outlined below several international examples Defence and DVA could learn from.

New Zealand

The New Zealand Veterans’ Medical Research Trust Fund is managed by Veterans’ Affairs New Zealand and aims to improve the health status of its veterans by funding research into veteran health.⁶⁷² A principle that determines funding eligibility is collaboration through research partnerships. Research partnerships that maximise benefits for veterans are encouraged and may be jointly funded by the Health Research Council of New Zealand.⁶⁷³

Canada

The partially government-funded Canadian Institute for Military and Veteran Health Research (CIMVHR) is a hub for military, veteran and family health research in Canada.⁶⁷⁴ CIMVHR works with the academic community and research funding organisations, administering research funding awards and distributing research proposal requests.⁶⁷⁵ CIMVHR also runs an annual forum to engage existing academic and government research, facilitate new research and share knowledge.⁶⁷⁶

United States

The Department of Veterans Affairs funds a research network called the Suicide Prevention Research Impact NeTwork (SPRINT).⁶⁷⁷ SPRINT combines Veteran Affairs’ and non-government researchers to identify research priorities, collaborate on suicide prevention research projects and foster professional development opportunities.⁶⁷⁸ SPRINT is also the custodian of de-identified aggregate data from research projects and makes the data available to researchers studying military and veteran suicide.⁶⁷⁹

The War Related Illness and Injury Study Center (WRIISC) is a Department of Veterans Affairs–funded initiative that develops and provides advice on veterans’ post-deployment healthcare concerns and needs.⁶⁸⁰ WRIISC collaborates with federal agencies, including the Department of Veterans Affairs and the Department of Defense, as well as local universities and research foundations. These partnerships help to strengthen WRIISC’s clinical care programs and promote research.⁶⁸¹

United Kingdom

The Forces in Mind Trust Research Centre is a non-government organisation established in 2022 as a partnership with King’s College London and the RAND research organisation.⁶⁸² The centre produces and coordinates a free and accessible evidence base of research into ex-serving members and their families in the UK. The evidence base explores the transition from military to civilian life, and informs policy and practice.⁶⁸³

440. We think the committee described by the Productivity Commission is a much-needed step to address concerns about how Defence and DVA partner with external stakeholders in the research community. We also suggest that the committee include First Nations representatives and consider representation by other groups identified by the National Suicide Prevention Adviser.⁶⁸⁴ With respect to improving the health and wellbeing of serving and ex-serving ADF members, the committee should have several core functions:
- It should advise Defence and DVA on research and evaluation needs (including prioritising these needs) and how they are to be addressed through their departments' annual research workplans (see Recommendation 114).
 - It should advise Defence and DVA on the conduct of research and evaluation, the interpretation of findings, and dealing with issues identified through research and evaluation activities.
 - It should receive reports from Defence and DVA about research and evaluation findings and actions taken by the departments to address them. This includes translating research findings into changes to policy, programs and practices.
 - It should work with and respond to requests from the new entity (see Chapter 30, Beyond the Royal Commission).
441. We have recommended that the new entity have a remit to enhance the wellbeing of veterans. Research and evaluation findings will be a key source of information to support this work. We note the recommendation that the new entity commission research and monitoring, investigations and reports on suicide and suicidality data and trends among serving and ex-serving members.
442. Given these functions, close engagement will be needed between the committee and the new Defence and DVA central evaluation and research teams (see Recommendation 116). For example, the committee could advise Defence on how to improve its survey program. DVA told us it has established a research partnerships section that works with external committees such as the AIHW Veterans' Advisory Group.⁶⁸⁵ We believe this group should work with the proposed committee.
443. In carrying out its functions, the committee should also engage with other organisations to better understand research and evaluation needs. These organisations could include the National Suicide Prevention Office, the Defence Force Ombudsman, Comcare, the Inspector-General of the Australian Defence Force, and the Australian Human Rights Commission. It could also include the veteran health Research Translation Centre (should it be developed), see Chapter 14, Introduction to health care for members and veterans. We consider that while performing their own functions, these organisations may identify important research and evaluation needs that are relevant to the committee.
444. We consider lived experience input to be critical to improving research practices at Defence and DVA. Accordingly, the committee should include individuals who have lived experience of serving in the ADF, suicidality and mental health concerns. We consider lived experience further in section 29.6.4.

29.6.4 People with lived experience should have a voice on research priorities

445. We believe that listening to and learning from those with lived experience of service and suicide would significantly improve the way research is conducted and the usefulness of research findings. Existing arrangements at Defence, DVA and other government agencies would be improved by better consulting with veterans on research priorities.⁶⁸⁶
446. AIHW is only aware of three people on its advisory group (20 per cent) who have ADF experience.⁶⁸⁷ Around half of the members of DVA's Mental Health Expert Advisory Group and its Research Board are known to have lived experience of ADF service.⁶⁸⁸ While we acknowledge that AIHW and DVA did not expressly collect information on lived experience of suicide and suicidality from people in these groups, only one member across all of these groups was known to have lived experience of suicide and suicidality.⁶⁸⁹ We note that the new Suicide Prevention Expert Advisory Group would include people with lived experience of suicide and suicidality – likely veterans and family members.⁶⁹⁰
447. The Defence People Committee approved the development of a lived experience framework in September 2022. The purpose of the framework was to guide the inclusion of lived experience perspectives when developing and implementing programs, policies and initiatives.⁶⁹¹
448. Initially, the draft framework focused on those with lived experience of suicide behaviour, bereavement and mental health concerns. However, the committee decided that focus was too narrow and the framework should focus on lived experience more generally.⁶⁹²
449. It is unclear to us the type of lived experience that is now the focus and this lack of clarity appears to extend to Defence's own staff. The group established by Defence to develop the framework noted 'observable confusion' around the definition of 'lived experience'.⁶⁹³ The group also decided that it was 'purposeful' for the group to 'sit with this discomfort'.⁶⁹⁴
450. We find it concerning that the group responsible for managing Defence's lived experience framework could not reach a consensus on what 'lived experience' means, despite having many meetings over several months. We have also observed that no one in the group appears to be a senior member of Defence staff.⁶⁹⁵ We are concerned that Defence may not be giving sufficient priority to voices of lived experience.
451. Furthermore, at the time of writing, the framework had not been endorsed by Defence and would not be endorsed until the second quarter of 2024 at the earliest.⁶⁹⁶ This is despite committing to including a Defence lived experience framework in the Defence Suicide Prevention Program by 2021 and working on a lived experience framework since at least March 2019.⁶⁹⁷

452. Further, in the December 2023 evaluation of its Suicide Prevention Program and Mental Health and Wellbeing Strategy, Defence did not include any people with lived experience of Defence's mental health and wellbeing programs in the evaluation.⁶⁹⁸
453. DVA told us it used the term 'lived experience' to refer to 'experiences that lead veterans and their families to utilise DVA's services, as well as their experiences as a DVA service user'.⁶⁹⁹ DVA said these experiences included trauma, suicidal distress and suicidality. However, DVA also told us that work was required to refine the definition of lived experience that was specific to DVA.⁷⁰⁰
454. DVA has developed a Lived Experience Framework to provide a structured and evidence-based approach to incorporating lived experience perspectives across DVA.⁷⁰¹ The framework was endorsed by DVA's senior executives in December 2023.⁷⁰² It outlines methods to include participation by people with lived experience, including participation in developing research priorities and partnering in the delivery of research.⁷⁰³
455. We are pleased to hear this because, in our view, it is important that those making decisions about research priorities and workplans be informed by the views and insights of people with lived experience – whether that be as a serving or ex-serving member or as a family member. Those who have lived experience of mental health issues, suicidality or suicide in service also offer extremely valuable perspectives.
456. The importance of including people with lived experience in research initiatives was identified by the Royal Commission into Victoria's Mental Health System, which recommended that people with lived experience be included in work to identify gaps and opportunities for research.⁷⁰⁴ It was noted that this approach can deliver the best possible mental health and wellbeing outcomes for people with lived experience of trauma.⁷⁰⁵
457. The Royal Commission into Defence and Veteran Suicide heard from 70 witnesses with lived experience and held around 900 private sessions where the personal accounts and perspectives of people with lived experience of suicidality or military service were heard. Nearly 6,000 submissions were also received, many of which included people's personal stories. These people have collectively shone a light on the issues affecting the health and wellbeing of serving and ex-serving members and their families. These accounts have helped us focus on the most important issues and prioritise certain issues for investigation and action.
458. On the topic of research, this Royal Commission established a Lived Experience and Research Advisory Group to help guide its own research activities. The group provided advice in relation to interpreting research findings and the appropriateness of the research methodology. We are thankful for the generosity of the group members and found their advice to be of great value to our work.
459. In establishing an expert committee on veteran health research (see Recommendation 117), Defence and DVA should ensure this committee includes representatives with experience serving in the ADF, and lived experience of suicidality

and mental health concerns, including with respect to their family. This representation should ensure diverse lived experiences. The committee should not hear from just one person with lived experience.

Recommendation 117: Establish an expert committee on veteran research

Defence and the Department of Veterans' Affairs (DVA) should establish an expert committee on veteran research, comprising experts from government, academia and the private sector who have skills and experience in military and veterans' affairs, health care, rehabilitation and family support.

The committee should:

- (a) be informed by international examples of success from Five Eyes partners and other nations
- (b) include representatives with lived experience of service life, suicidality and mental health
- (c) fulfil the functions described in Chapter 29, Use of data and research by Defence and DVA, and provide advice to Defence and DVA on research and evaluation matters relevant to improving the wellbeing of serving and ex-serving members.

Box 29.2 Defence and DVA ethics processes could be improved to better support research

Throughout our inquiries, we have heard concerns from researchers about the appropriateness of Defence's and DVA's ethics processes and also saw issues in information provided to us by Defence.⁷⁰⁶ Defence and DVA use the Defence and DVA Human Research Ethics Committee (DDVA HREC) to review research proposals.⁷⁰⁷

A 2020 joint review of DDVA HREC identified multiple deficiencies with the committee's review process, including that 'operations of the DDVA HREC are not fully effective, transparent or accountable'.⁷⁰⁸ Further, instances were identified in which DDVA HREC had not acted in accordance with processes and procedures set out in its terms of reference and administrative guidelines, or national ethics requirements.⁷⁰⁹

Responding to these findings, Defence told us that processes and documents are continually reviewed to ensure compliance with national ethics guidelines, legislative instruments and departmental policy.⁷¹⁰ This is despite a Defence document demonstrating that decision-makers for low- and high-risk research panels are not clearly identified and that its ethics review documents need updating.⁷¹¹

This document also highlighted issues with the timeliness and quality of processes for obtaining ethics approval and duplication of processes.⁷¹² As at July 2023, Defence was behind schedule on efforts to address these issues.⁷¹³

We suggest Defence and DVA, in consultation with external research experts, put in place robust practices to enable timely and independent ethical review of research proposals, where required.

As part of our interest in ethics processes, we also inquired into the process by which external researchers access data held by Defence. The Commonwealth told us that:

Defence requires external researchers to undertake Defence ethical review where those researchers are seeking to access research participants through or in the workplace, or to use administrative data or other data collected by the workplace.⁷¹⁴

Furthermore:

For research conducted by or involving Defence personnel (or their data), researchers are required to obtain evidence of Defence organisational support and where appropriate, in-principle command approval prior to submitting an ethics application.⁷¹⁵

In such cases where ethics approval has already been provided by a registered Human Research Ethics Committee (HREC), we question whether additional DDVA HREC approval is necessary. We note DVA will be exploring alternative options to the current DDVA HREC ethical review process:

DVA will also consider whether HREC review of DVA research (where it is required, and current-serving ADF members are not involved) should sit more at arm's length from the department. For example, in some cases the researcher's own institution's HREC could be suitable as the primary ethics review body, and/or DVA could establish a relationship with a specific university or other HREC that has access to independent experts with knowledge of veteran participant groups, to provide ethics review of DVA research proposals.⁷¹⁶

We welcome this. We suggest Defence might also explore this option. We see benefits to aligning and streamlining the ethical review processes across Defence and DVA, as is practical and appropriate, and especially where projects involve both Defence and DVA data.

Our concerns with research processes have not been limited to Defence, however. As discussed in section 29.2.2, DVA shared personal and sensitive data about ex-serving members with the University of South Australia via Services Australia in the context of the Veterans' Medicines Advice and Therapeutics Education Services (MATES) program. DVA also told us that:

Only de-identified records were used for Program research and analysis and to identify whether any veterans may benefit from receiving Program materials. If the de-identified materials showed that an individual may

benefit from a consultation with their doctor about healthcare needs, the identified data was then used to match and re-identify the individual to write to them and their doctor.

The identifiable data was held in a separate database to the Veterans' MATES data model and access permissions were limited to Veterans' MATES Program staff who were bound by privileged usage agreements.⁷¹⁷

According to DVA, the transfer of information occurred with ethics approval.⁷¹⁸ DDVA HREC most recently provided ethics approval for the program in May 2023.⁷¹⁹

In a decision dated April 2023, the Australian Information Commissioner determined that DVA used and disclosed an ex-serving member's information in a way that was inconsistent with the Australian Privacy Principles.⁷²⁰ In light of the Information Commissioner's determination, the fact that the DDVA HREC extended its approval raises concerns for us. For example, does the DDVA HREC have processes to make it aware of and to inquire into complaints about existing research programs before extending ethics approvals?

We note that the DDVA HREC withdrew its ethics approval in February 2024 after seeking more information from the researchers.⁷²¹ In withdrawing its approval, the DDVA HREC noted this was due to the Information Commissioner's determination and said it remained unclear about what data the DVA provided to the University of South Australia.⁷²² We encourage the DDVA HREC to ensure it has all the information it needs before providing or extending ethics approval for any research proposal.

29.7 Improving the evidence base

460. In this chapter, we have called for the establishment of a National Veterans' Data Asset (Recommendation 107) and discussed the need to improve existing data collections to increase understanding of suicide, suicidality and self-harm among serving and ex-serving ADF members. In section 29.6, we argued that Defence and DVA need to improve their research and evaluation practices so the resulting findings can lead to better support for veterans and their families.
461. The evidence base on suicide and suicidality in the Defence and veteran community also needs to be improved by capturing more data, or using available information from various Australian Government sources more effectively. We discuss these issues in the following section. We identify areas for improvement with respect to counting the number of serving and ex-serving members through data collections, including the Census and Australian Bureau of Statistics (ABS) surveys, to better understand suicide and suicidality.
462. We also discuss the importance of independent research in providing a more complete and nuanced understanding of defence and veteran suicide and suicidality, as well as more research on veteran families.

29.7.1 Using Census data to better understand Australia's veteran population

463. Australian and state and territory governments have an important role to play in the wellbeing of serving and ex-serving members (see Chapter 13, Oversight of Defence workplace health and safety, Chapter 16, ADF healthcare services, Chapter 18, Healthcare for ex-serving members, and Part 6, Transition and support for ex-serving members). However, their capacity to act decisively over this responsibility is reduced by the lack of a complete list of Australians who have served or are serving in the ADF.⁷²³
464. Defence holds personnel records of serving members. Its electronic system primarily includes records back to 1985, with records existing on paper before then.⁷²⁴ Defence identified some digital records from before 1985, but said there were gaps and that manual review may be required to use this information with confidence.⁷²⁵
465. DVA also holds some data, though it does not have a complete record of all individuals who have served in the ADF.⁷²⁶ Chapter 24, Empowering veterans to thrive, discusses how this information gap can be addressed in future.
466. In our view, the ABS's 2021 Census of Population and Housing provides the best possible data source for gaining a broad picture of the Australian veteran community. The 2021 Census was the first to ask Australians about service in the ADF. Including this question enabled a robust estimate, for the first time, of the number of living serving and ex-serving ADF members in Australia.⁷²⁷
467. The Census identified that there were 496,276 ex-serving members, 60,286 current permanent serving members and 24,581 serving reserve members in Australia.⁷²⁸
468. Census data provides information on how the veteran population is faring on important metrics, such as employment and health. This can be used to ensure services are delivered where they are most needed.⁷²⁹
469. Census data can also be securely linked to other government data.⁷³⁰ Data on veterans obtained through the Census can be linked to other datasets and provide a better understanding of the veteran population. This can be done by using information on health, education, government benefits received, income and taxation, employment and population demographics.⁷³¹ We were pleased to hear that Defence and DVA had already started using this linked data to generate findings to inform evidence-based policy for the wellbeing of veterans.⁷³²
470. We believe the question about service status should be continued in the 2026 Census and beyond. We are pleased that the ABS has announced its intention to recommend to the Australian Government that this occur.⁷³³ It is also important that the question remains after 2026.

471. We also believe there is scope to include one further question related to service history in the Census. The Census should ask, for veterans who have served, when they last separated from the ADF.
472. Adding a Census question on year of separation would address a significant information gap that exists for the veteran population who separated before 1985. Defence mainly has paper records for this group of veterans.⁷³⁴ This means that few data-driven insights about this group can be generated and, short of reviewing Defence's records manually, there is no other way of obtaining this information. Defence told us that the paper records would be more than 130 km long if laid end to end.⁷³⁵
473. In August 2022, the Royal Commission estimated that around 220,000 living veterans had separated before 1985 and are therefore not included in current suicide monitoring analysis.⁷³⁶ This would include many of the more than 60,000 Australians who served in the Vietnam War, as Australia's involvement in the Vietnam conflict was from 1962 to 1973.⁷³⁷
474. A question on year of discharge would also enable analyses of data on different cohorts of veterans. Results would provide valuable information on any differences in outcomes for veterans who discharged over different time periods. This would help with designing, costing and implementing better, more targeted services for veterans and their families.⁷³⁸ This information is best sought through the Census because every Australian (who is in the country on Census night) is asked, and because the data is already set up to be linked with other data assets.
475. Defence told us it would support the inclusion of a question on year of separation in future censuses because the data would inform research and analysis about veterans and:
- enable government at all levels, and other organisations to better target where support services for veterans and their families are available, including the level of support that may be required at different points in a veteran's life following their transition from the ADF.⁷³⁹
476. DVA said this information would assist analysis of risk factors, build understanding of gaps in DVA services and be used to develop programs for clients based on their time since discharge.⁷⁴⁰
477. We asked each state and territory government to provide their viewpoint. Seven out of eight states and territories supported our position.⁷⁴¹ Western Australia told us that this data would inform policy and programs by identifying how the needs of veterans evolve over time after they separate from the ADF.⁷⁴² Only the Australian Capital Territory disagreed, saying that this information would not provide more clarity on veterans' needs, although it acknowledged that the needs of those who have separated recently can vary from the needs of those who separated long ago.⁷⁴³

478. The ABS told the Royal Commission it rated the inclusion of a question on year of separation as lower priority (against its 'public value' criteria) than questions on other topics.⁷⁴⁴ We are disappointed by this.⁷⁴⁵ The public value criteria the ABS uses are:
- whether the topic is of current national importance
 - whether the data is needed at national and local levels
 - whether there is a continuing need for the data.⁷⁴⁶
479. We believe that a question on year of separation meets these criteria, and there would be minimal additional burden from adding the question, particularly as it only applies to veterans.
480. We disagree with the ABS's assessment that there is a low or insufficient case for adding the year of discharge question. This Royal Commission and the 57 previous inquiries related to military suicide between 2000 and 2021 highlight that defence and veteran suicide is a topic of national importance. There is a clear ongoing need for data on the veteran community.⁷⁴⁷ Local data would also be valuable. For example, the New South Wales and Victorian governments told us that this additional Census information would help them provide the right kinds of support, at the right time and in the right location to best support veterans transitioning into civilian life.⁷⁴⁸
481. We note that the Australian Government makes decisions about the topics to be included in the Census following recommendations from the ABS.⁷⁴⁹ We recommend that the Australian Government not adopt the ABS's position and, instead, direct the ABS to include a question on year of separation in the 2026 Census. We also suggest that the ABS perform any testing necessary to collect this information as part of the 2026 and any future Censuses. This will be required to ensure that the best possible data is collected from the question.
482. When we proposed this question, the ABS told us that a data linkage project between Census and Defence data could identify some ex-serving members with discharge dates before 1985 by looking at who in the Census is not linked to the '1985 to date' Defence separation data, and applying filters for age.⁷⁵⁰ This could be useful in identifying some veterans, but we are concerned that this method would be based on assumptions that could be limiting due to members' varying lengths of service. More importantly, data on separation year would allow veterans of specific conflict cohorts, like Vietnam veterans, to be identified with near certainty. Further, a linkage project of this nature would not provide information on when a person had separated, and therefore would not add to the general understanding of which issues affect different veteran cohorts.
483. We acknowledge that use of Census data is not without limitations. For example, the Census relies on a person self-identifying as a veteran. Serving and ex-serving members may choose not to do so.⁷⁵¹ We also acknowledge that ADF members and veterans who died before the Census, including those who died by suicide, are obviously not included in Census data.

484. These factors inform the interpretation of results but should not deter from what will strengthen Census data on serving and ex-serving members.

Recommendation 118: Use the Census to collect information on ex-serving members as a population

To ensure there is ongoing collection of reliable statistics and information on ex-serving Australian Defence Force (ADF) members in the Australian community, the Australian Government should:

- (a) direct the Australian Bureau of Statistics (ABS) to continue the existing Census question on ADF service in 2026 and in future censuses
- (b) direct the ABS to include an additional question on year of separation for ex-serving members in the 2026 Census and in future censuses, with the ABS undertaking any testing required to include this question on the 2026 Census.

29.7.2 ABS surveys should collect more information on serving and ex-serving ADF members

485. The Census is not the only ABS data source that provides information on serving and ex-serving members. ABS surveys also collect useful information.

- The National Health Survey provides comprehensive information on the health status of the population, including long-term health conditions and health-related risk factors. It also collects demographic and socio-economic data.⁷⁵²
- The National Study of Mental Health and Wellbeing provides important information on people's mental health, including suicide behaviours and mental disorders – and the use of mental health services.⁷⁵³
- The General Social Survey collects data on people's involvement in social, community support and other groups, as well as whether they have family or friends to confide in and support in a time of crisis. It also collects data on whether people are experiencing homelessness.⁷⁵⁴
- The Personal Safety Survey captures information on people's experience of physical and sexual assault, family and domestic violence and different forms of abuse.⁷⁵⁵

486. We commend the ABS for including a question on ADF service in these four surveys. However, we believe these surveys would be even more valuable if they provided more information about Australia's veterans. Currently, only a general question on ADF service is asked. This means it is not possible to distinguish between serving and ex-serving members, and those who serve or served in the permanent forces or only in the reserve forces.

487. DVA supports the inclusion of questions in these surveys that would identify serving and ex-serving members separately and combined.⁷⁵⁶ This data would help DVA to better understand and meet the needs of serving and ex-serving members and it would also inform program development.⁷⁵⁷
488. Defence also supports the inclusion of questions identifying serving and ex-serving members in these surveys.⁷⁵⁸ This information would inform Defence's program delivery.⁷⁵⁹ For example, Defence said this data would allow comparisons between the Defence population and the corresponding civilian population.⁷⁶⁰ The data could also be used in comparisons to Defence-run surveys.⁷⁶¹ We discuss these surveys in section 29.6.2.
489. The ABS told us it would be difficult to capture additional veteran information in the four surveys in question because they are user-funded and designed in collaboration with stakeholders.⁷⁶² However, we consider that their funding and corresponding design protocols need not be a barrier.
490. The ABS also indicated that there was currently no funding for the next National Study of Mental Health and Wellbeing and no plans for the next General Social Survey.⁷⁶³ We suggest that if these surveys were to be conducted again, they include questions that distinguish between serving and ex-serving members and between those who served in the permanent rather than the reserve forces.
491. The ABS also noted that any additional survey questions must be able to produce robust estimates to justify their inclusion.⁷⁶⁴ We agree. In our view, the number of serving and ex-serving members responding to these surveys is low. For example, the 2020–22 National Study of Mental Health and Wellbeing only included 563 people who had served or were serving.⁷⁶⁵ With such a low number, it is difficult to draw conclusions about the entire veteran population. It is also difficult to conduct meaningful analysis about different veteran population groups, for example, by splitting findings to better understand the experiences of serving or ex-serving members.⁷⁶⁶
492. We note that the ABS has used certain methods in other surveys to increase the number of respondents so populations of interest can be better understood. For example, the Survey of Income and Housing includes an additional sample of households outside capital cities to allow for robust reporting of housing indicators in regional areas.⁷⁶⁷ A similar approach could be used to better understand serving and ex-serving ADF members. We acknowledge that the ABS may require additional resources to conduct this type of work.⁷⁶⁸ We also note that there may be additional challenges in targeting ADF members under current household sampling protocols for some surveys.⁷⁶⁹ The Australian Government should fund the ABS to do this additional work.
493. We believe the ABS should make two improvements to future iterations of these surveys.

- (1) These four surveys should include additional questions about service in the ADF. We recommend that questions be added to the survey to differentiate between serving and ex-serving members and permanent or reserve members. As we have discussed elsewhere in this report, (for instance, in Chapter 1, Understanding suicide) there are important differences between these service groups.
 - (2) We recommend that the ABS increase the number of serving and ex-serving members it collects data from in these surveys. Without a sufficient sample of veterans, the survey data has limited use.
494. The data we would expect to see following our suggested changes to these four surveys would be important for policy and planning purposes. Defence indicated that it would welcome the opportunity to work with the ABS on the proposed additional questions.⁷⁷⁰
495. We also suggest that DVA collaborate with the ABS on these changes to ensure that the resulting data supports the evaluation of programs and policies and produces insights into the health and wellbeing of veterans (as we discuss in Chapter 24, Empowering veterans to thrive).
496. For example, elsewhere in this report, we have recommended that DVA develop a plan to expand and strengthen specialised health care for veterans (Chapter 18, Health care for ex-serving members). We identified a need to use data on Australia's veteran population to inform the development of the plan. The information that could be available from the updated ABS surveys, together with the data from the Census and the National Veterans' Data Asset, would be very valuable in supporting this work.
497. We acknowledge that DVA is already using ABS data sources in its efforts to improve its understanding of veterans' wellbeing and their support needs.⁷⁷¹ However, DVA revealed that having additional information on types of mental health and wellbeing supports would help it deliver appropriate services to veterans and their families.⁷⁷²

Recommendation 119: Improve understanding of veteran health by adding questions to Australian Bureau of Statistics surveys

The Australian Government should fund the Australian Bureau of Statistics to:

- (a) include additional questions on Australian Defence Force (ADF) service in any future iterations of the National Health Study, the National Study of Mental Health and Wellbeing, the General Social Survey and the Personal Safety Survey, prompting respondents to state whether they are a current or ex-serving ADF member and if so, whether they served in the permanent forces or solely in the reserve forces
- (b) increase the sample of serving and ex-serving members in any future iterations of these surveys to allow for robust reporting on serving and ex-serving members.

498. Although our recommendation focuses on the four surveys listed, we recognise that there are other relevant ABS surveys that could be used to improve understanding of the veteran population. We think that identifying ADF members through existing surveys and asking questions on topics that address broader characteristics that could be risk or protective factors – including employment, disability, housing and health – would be a practical way to further understanding of veterans.
499. The ABS could also ask people if they are serving or ex-serving members and if they served in the permanent or reserve forces, and consider increasing the sample of ADF members for the surveys shown in Table 29.3.

Table 29.3 Additional ABS surveys for which veteran status could be asked

Survey name	Frequency	Survey topics
Barriers and Incentives to Labour Force Participation	Annual	People who are not participating or not participating fully in the labour force, and the factors that influence them to join or leave the labour force, including health conditions and the source/cause of injuries. ⁷⁷³
Survey of Disability Ageing and Caring	Irregular	People with disabilities, older people and carers, assistance requirements, the National Disability Insurance Scheme, health service and support usage and barriers, and personal wellbeing. ⁷⁷⁴
Survey of Income and Housing	Every 2 years	Sources of income, and social and economic welfare, including household and personal characteristics. ⁷⁷⁵
Patient Experience Survey	Annual	People's experiences with the health system, including access and barriers to healthcare services. Includes health status, long-term health conditions, and household and personal characteristics. ⁷⁷⁶

500. These additional surveys notwithstanding, we believe the ABS should, as a priority, collect more data on veterans in the National Health Survey, National Study of Mental Health and Wellbeing, General Social Survey and Personal Safety Survey.
501. We also acknowledge that some surveys may be limited in their ability to capture information on permanent serving members because they focus on residents of private dwellings or because ADF members are explicitly excluded.⁷⁷⁷ During the review of these surveys, the ABS should consider whether it is appropriate to change this sampling approach.

29.7.3 Research into veteran health should be a priority

502. Research into deaths by suicide among serving and ex-serving ADF members could help save lives.⁷⁷⁸ Throughout this report we have illustrated that there are substantial information gaps about suicide, suicidality and self-harm among serving and ex-serving ADF members that could be addressed by research.
503. A recent review of research findings found that there were obvious gaps in research that had been conducted, and that more research into suicidality in veteran populations was urgently required.⁷⁷⁹ These gaps included (but are not limited to):
- longitudinal studies covering individuals before, during and after their time in the military
 - a better understanding of stress points, such as transition out of the military
 - information specific to suicidality in older veterans
 - interventions that focus on promoting positive mental health rather than simply preventing negative outcomes.⁷⁸⁰
504. We also note there is a potential opportunity for researchers to consider whether data from existing studies (such as those listed in Annexure 29.6) can be linked to suicide data, to draw useful insights from existing information.
505. We have already recommended that all Australian governments, as well as agencies such as Defence and DVA, contribute to and use the National Veterans' Data Asset to produce research and better understand how to support the wellbeing of veterans and their families (see Recommendation 107). In section 29.6 of this chapter we also suggested actions to improve how Defence and DVA plan, prioritise, collaborate on and conduct research.
506. In addition to research through Defence and DVA, we believe it is crucial to ensure that sufficient external, independent research is conducted. We would like to see veteran health and wellbeing prioritised accordingly in the Australian Government's research funding arrangements.
507. Our view is that increased funding will provide new opportunities to focus on different aspects of suicide prevention, to understand vulnerable groups and to increase the evidence base around veteran wellbeing.
508. There is also a need for a program of research specifically focused on understanding the role and influence of families in the lives of veterans, and how families can be best supported (see Recommendation 121).
509. This program of research should be facilitated by increased funding from the National Health and Medical Research Council (NHMRC). The NHMRC is the largest funder of Australian health and medical research, disbursing around \$900 million in research grants in 2022–23 from the Medical Research Endowment Account.⁷⁸¹

510. The NHMRC provides grant opportunities to address health issues where there are significant research knowledge gaps or unmet needs.⁷⁸² One way it does this is by facilitating priority-driven research.⁷⁸³
511. On three occasions, the NHMRC has facilitated priority-driven research through a special initiative, providing \$10 million per initiative to support collaboration on a matter of national significance.⁷⁸⁴ Special initiatives are multi-disciplinary research efforts in the Australian research sector aimed at finding innovative ways to address national priority areas.⁷⁸⁵
512. The NHMRC has not yet designated veteran health as a national health priority area.⁷⁸⁶ However, we believe that veteran health research *is* an area of national significance. There is significant interest from governments and the community and, as set out in this chapter, there are significant knowledge gaps that must be addressed.
513. The NHMRC should lead the process to establish a special initiative on veteran health and wellbeing, with other Australian Government agencies supporting as appropriate. We have already recommended that Defence and DVA improve their research and evaluation processes by providing greater transparency and improving coordination. We reiterate that this should be prioritised so that additional funding delivered through the NHMRC is delivered effectively.
514. We expect the research community would use this funding to help fill the knowledge gaps we have identified throughout this chapter. Researchers could also capitalise on opportunities arising from the National Veterans' Data Asset and improved data management and availability in Defence and DVA. One knowledge gap we discuss below is the lack of understanding of the impact of ADF service on families of serving and ex-serving members (see section 29.7.3).⁷⁸⁷
515. Throughout this report we have discussed a number of research gaps. For example:
- optimising postvention responses within the Australian Defence context, see Chapter 20, Postvention
 - support and treatment options to reduce the effects of moral injury, see Chapter 21, Moral injury
 - an international, longitudinal study on the impact of mefloquine and tafenoquine, see Chapter 22, Mefloquine and tafenoquine.
516. We also recommend further research to compare suicide and suicidality in serving and ex-serving members with other comparable population groups such as first responders.⁷⁸⁸ We recommend that these studies be undertaken and funded through the special initiative.
517. We acknowledge that the special initiative would be a one-off funding boost, designed to energise research into veteran suicide and wellbeing. However, research should not stop after this funding boost. We expect the NHMRC will consider future funding needs, and acknowledge that the NHMRC has a range of grant programs and schemes to support this.⁷⁸⁹

518. We also note that we have recommended Defence and DVA develop a business case to progress a Research Translation Centre focused on veteran health, see Chapter 14, Introduction to health care for members and veterans. Should the Translation Centre be progressed, it may work with the researchers and use the output produced as a result of the special initiative to translate findings into education, training and health system improvements.
519. In addition to making funding available through the NHMRC, other sources of research funding could be made available to address the research needs we have discussed. The Medical Research Future Fund (MRFF) is an ongoing research fund established by the Australian Government in 2015.⁷⁹⁰ The Million Minds Mental Health Research Mission is an initiative of the MRFF and provides \$125 million over 10 years from 2018–2019 to support an ‘innovative, participatory and intervention-focused search into the causes of mental illness and psychological distress, and the best early intervention, prevention and treatment strategies’.⁷⁹¹ We encourage researchers and governments to consider opportunities that may be available through the MRFF and Million Minds Mental Health Research Mission to support ongoing veteran health and wellbeing research.

Recommendation 120: Increase funding for research into veteran health and wellbeing

The Australian Government should provide increased funding for research into the health and wellbeing of serving and ex-serving Australian Defence Force members by:

- (a) providing \$10 million through the National Health and Medical Research Council to support a Special Initiative research grant program focused on veteran health and wellbeing
- (b) considering opportunities to fund veteran health and wellbeing research through the Medical Research Future Fund and Million Minds Mental Health Research Mission.

More research is needed into families of serving and ex-serving members

520. A research area that needs to be prioritised is the role of families in the wellbeing of veterans. We have heard how family members often provide a foundation and source of critical support for serving and ex-serving members, see Chapter 27, Importance of families.⁷⁹² As one veteran told us: ‘I am alive today only because of my family’.⁷⁹³
521. Military life can be challenging for families. Service can place psychological stress on members and their families, leading to adverse health outcomes.⁷⁹⁴ For example, spouses and children of serving members can be impacted by frequent relocations and long absences during deployment or postings, see Chapter 4, Postings and deployments.⁷⁹⁵

522. Despite the importance of families, there has been limited research into the effects of service on members' families, and what factors assist families in navigating the experiences and consequences of service.⁷⁹⁶
523. Box 29.3 explains the results from one study that provided important information. While this study was useful, it is now almost a decade old, underlining the need for more research on health and wellbeing in military families.

Box 29.3 The Family Wellbeing Study

The Family Wellbeing Study under the Transition and Wellbeing Research Programme examined the impact of ADF service on the health and wellbeing of Australian families.⁷⁹⁷ The quantitative aspect of the study investigated the wellbeing and circumstances of families of serving and ex-serving ADF members.⁷⁹⁸ The qualitative part of the study focused on experiences of ex-serving members as reported by their family members.⁷⁹⁹

The Family Wellbeing Study was undertaken around 2015, so it reflects the experiences of ADF members and their families from almost a decade ago. The study does not provide insights into families of members who had left the ADF more than five years previously.⁸⁰⁰ The study considered the experiences of different members of the family. However, further information on these family members would be beneficial to improve understanding of why some may be more vulnerable, such as adult children of ADF members and former members.⁸⁰¹

The study found that families of ex-serving members experienced greater rates of financial hardship than families in the civilian Australian general community.⁸⁰² It also found that almost one in five spouses or partners of ex-serving members reported experiencing suicidal thoughts in the 12 months of the study. This was higher than for spouses or partners of serving members (18 per cent, compared to 11 per cent).⁸⁰³

524. We were pleased to hear that Defence and DVA recently commenced a longitudinal research project on the wellbeing of veterans and their families.⁸⁰⁴ DVA noted the project will involve using Census data through the Person Level Integrated Data Asset to understand the demographic characteristics of serving and ex-serving members and their families.⁸⁰⁵
525. As part of the same project, DVA is also developing a series of datasets on the relationships and families of serving and ex-serving members.⁸⁰⁶ We support the research project and the creation of these datasets, and recommend that they be made available to researchers outside of Defence and DVA where possible, to enable broader interrogation (following appropriate privacy and ethics processes). We also suggest that DVA may wish to consider linking to other data sources, such as those discussed in relation to the National Veterans' Data Asset.

526. Insights on family members of serving and ex-serving members could also come from the Household, Income and Labour Dynamics in Australia (HILDA) Survey. HILDA is a longitudinal survey that gathers information on household and family relationships, income, employment, health and education.⁸⁰⁷ In 2022, the survey asked about ADF service status, which identified veteran households.⁸⁰⁸ This will enable a better understanding of veteran households, though we note that the sample of veterans in HILDA is only 574 ex-serving and 76 serving members.⁸⁰⁹
527. We acknowledge that these data sources will not address all information gaps. For example, the Census and HILDA survey do not provide data on family members not living in the same home, such as adult children who have left the family home. Furthermore, neither HILDA nor the Census contain data on suicidality or self-harm. To address this, researchers may wish to consider linking to other data sources, such as those discussed in relation to the National Veterans' Data Asset.
528. We note that Defence could do more to increase and improve monitoring. In the United States, for example, the Department of Defense produces annual counts and rates of deaths by suicide among family members of serving members.⁸¹⁰ This kind of monitoring is an example of what can be done when there is a will to understand the broader impacts of service.
529. A greater understanding of Defence families should be achieved through:
- a focus on families as part of increased research funding (see Recommendation 121)
 - Defence and DVA doing more research on and involving families. This could be actioned by the central evaluation and research teams of these departments (see Recommendation 116) in partnership with people who have lived experience (see Recommendation 117)
 - government agencies that have relevant experience and information being funded to do more work to address knowledge gaps. Specifically, the Australian Government could fund AIHW to conduct various ongoing studies into the health of veterans' families, to gain an understanding of suicide, suicidality and self-harm among them. We suggest that this involve Census data, HILDA data and, once operational, the National Veterans' Data Asset (see Recommendation 107), in combination with other national health datasets, and in collaboration with the ABS and the Australian Institute of Family Studies.

Recommendation 121: Enable research into the health and wellbeing of Defence families

The Australian Government should enable research on the health and wellbeing of families of current and ex-serving members through:

- (a) expanded National Health and Medical Research Council funding for veteran health and wellbeing research
- (b) Defence and the Department of Veterans' Affairs leading research in conjunction with lived experience individuals (see Recommendation 117)
- (c) the Australian Institute of Health and Welfare, the Australian Bureau of Statistics and the Australian Institute of Family Studies being funded to collaborate and leverage existing datasets and the National Veterans' Data Asset (see Recommendation 107), to develop a better understanding of veteran families through research on wellbeing and risk and protective factors.

Annexure 29.1

Table A1 outlines key Defence datasets that relate to suicide, suicidality and self-harm. It lists concerns and limitations that have been identified with the data. This is not intended to be an exhaustive list, but it does cover datasets we believe are key sources of available information.

Table A1 Key Defence suicide, suicidality and self-harm datasets

Data source	Description	Concerns/limitations
Defence Suicide Database (DSD)	<p>A surveillance system that reports suspected and confirmed suicide by ADF members serving full time at the time of their death.⁸¹¹</p> <p>The DSD was established in 2015 and is managed by the Mental Health and Wellbeing Branch.⁸¹²</p>	<p>The DSD only includes deaths by suicide from 2000 onwards. Suicide deaths of ex-serving members are not automatically included.⁸¹³</p> <p>Defence has low confidence in the information on reservists and ex-serving personnel that is included in the database.⁸¹⁴</p> <p>The DSD does not include information that may be important for suicide surveillance.⁸¹⁵ This includes, for example, information on potential suicide risk factors such as a person's ADF training and injury history.⁸¹⁶ The DSD is used for parliamentary and media responses or provided to AIHW to use.⁸¹⁷</p>
Joint Military Police Unit (JMPU) Suicide Register	<p>The JMPU Suicide Register was established in 2019 to provide a comprehensive list of suicides reported to military police.⁸¹⁸</p> <p>It includes suspected and confirmed suicide deaths and is managed by the Provost Marshal ADF.⁸¹⁹</p>	<p>The JMPU Suicide Register includes deaths by suicide from 1970 to 2021.⁸²⁰ It does not include deaths by suicide since this Royal Commission commenced.⁸²¹</p> <p>The register does not include all deaths by suicide for reserve and ex-serving members.⁸²²</p> <p>It is only based on military police records, so does not include all deaths by suicide and provides sometimes limited information.⁸²³ The register also has incomplete information as a result of some records being destroyed.⁸²⁴</p>
Consolidated Register of Suspected and Confirmed Suicides	<p>Defence developed this database in September 2021, anticipating the need to answer questions from this Royal Commission.⁸²⁵</p> <p>The register consolidates data from the DSD and the JMPU Suicide Register, as well as external data from AIHW and information compiled by the Interim National Commissioner.⁸²⁶</p>	<p>The dataset uses information already available from other sources and is not independently verified by Defence.⁸²⁷</p> <p>It was developed for a specific point in time, and Defence has not committed to maintaining the register after the Royal Commission ceases.⁸²⁸</p>

Data source	Description	Concerns/limitations
Defence electronic Health System (DeHS)	<p>DeHS combines dental, medical, mental health and allied health records into a single source.⁸²⁹</p> <p>It includes data on suicide ideation and attempts, and self-harm.⁸³⁰</p> <p>DeHS is used across the Defence environment to manage the delivery of health services, and is managed by Joint Health Command.⁸³¹</p>	<p>DeHS processes for data collection and data entry have been problematic. This reduces data integrity and confidence.⁸³²</p> <p>DeHS has been under-utilised and under-accessed for monitoring purposes.⁸³³ For example, the data reflects individual consultations with medical practitioners rather than individual incidents of suicidality. Defence says it is therefore not possible to produce population-level reports of suicidality from DeHS.⁸³⁴</p> <p>DeHS data does not include members that present for health care off base.⁸³⁵ This means DeHS under-reports health concerns and suicidality.</p>
Incident reporting	<p>Defence incident reports record any non-routine event that may impact Defence.⁸³⁶</p> <p>Incident reports are collected and managed through the Army Incident Management System (AIMS), or the Defence Policing and Security Management System (DPSMS) for Navy and Air Force.⁸³⁷</p> <p>The AIMS and DPSMS systems are managed by the Provost Marshal ADF.⁸³⁸</p> <p>AIMS includes notifications of suicides, suicidality and self-harm behaviours among serving members.⁸³⁹ Similarly, DPSMS includes notifications of suicide, suicide ideation or self-harm among serving members.⁸⁴⁰</p>	<p>Not all incidents are included in the data. For example, cases assessed as being 'low risk' are not automatically included in AIMS.⁸⁴¹ DPSMS only includes incidents reported to the unit, and incidents may not be included if a member is posted to a joint-service group.⁸⁴²</p> <p>Data in AIMS may not always be categorised consistently. There is also no validation of data entry to make sure data relates to the correct ADF member, so names may be misspelled (see Appendix I, Comparative rates of suicide – ex-serving ADF members).</p> <p>Instances of self-harm recorded in DPSMS before 2017 were not centrally maintained and cannot be readily discovered.⁸⁴³</p> <p>Categorisation of suicide-related incidents in DPSMS is limited, and it is not possible to identify whether issues or incidents are ongoing.⁸⁴⁴</p> <p>DPSMS may contain duplicate military justice incidents, due to the design of the database. This reduces the quality of the data (see Appendix I, Comparative rates of suicide – ex-serving ADF members).</p> <p>The DPSMS analytical tool is 'not particularly sophisticated'.⁸⁴⁵</p>

Data source	Description	Concerns/limitations
Military justice	The Defence Conduct Reporting and Tracking System (CRTS) records incidents and investigations. It includes alleged service offences, instances of unacceptable behaviour and the outcomes of civil convictions. ⁸⁴⁶	CRTS cannot produce system-wide reports of administrative sanctions applied in cases of unacceptable behaviour or sexual misconduct. ⁸⁴⁷
Unacceptable behaviour	The Complaint Management, Tracking and Reporting System (ComTrack) records reported incidents of unacceptable behaviour, as well as the outcomes of military justice proceedings and administrative actions. The data can be analysed by rank, gender and service. ⁸⁴⁸	<p>The system includes free text that has not been analysed.⁸⁴⁹ There may be duplication of unacceptable behaviour incidents across other Defence systems, such as AIMS and DPSMS (see Appendix I, Comparative rates of suicide – ex-serving ADF members).</p> <p>Data added to ComTrack is not reviewed for accuracy, and not all incidents of unacceptable behaviour are recorded there. For example, sexual offences are reported in DPSMS, not in ComTrack (see Appendix I, Comparative rates of suicide – ex-serving ADF members).</p>
PORT mental health screening data	PORT captures operational mental health screening data, including Return to Australia Psychological Screens (RtAPS), Post-Operational Psychological Screens (POPS) and Critical Incident Mental Health Support (CIMHS). ⁸⁵⁰ The data is managed by Joint Health Command. ⁸⁵¹	PORT mental health screening data includes information that may be incorrect or incomplete. ⁸⁵²

Data source	Description	Concerns/limitations
Sentinel	<p>Sentinel captures reports of injuries and fatalities.⁸⁵³ Information from Sentinel is reported using the Safety Trend Analysis Reporting Solution (STARS).⁸⁵⁴ This includes injury reports and summaries of relevant events.⁸⁵⁵</p> <p>Defence produces quarterly dashboards using STARS data.⁸⁵⁶</p> <p>The Sentinel dataset is managed by Defence People Group.⁸⁵⁷ Suicide and suicidality are reported on through the dashboards.⁸⁵⁸</p>	<p>Data in Sentinel is inconsistent, incomplete and may be duplicated.⁸⁵⁹ There are limitations on how data entered into Sentinel can be used.⁸⁶⁰</p> <p>The data provided in the quarterly dashboards (and the previous monthly scorecards) is ‘generic and set at a group/service level. With no, or little, information about cause or contributing factors it is not a viable tool to be used for drawing trends, lessons or insights that can be actioned’.⁸⁶¹ The information is also sometimes inaccurate.⁸⁶²</p> <p>Additionally, quarterly dashboards do not show information on self-harm incidents or provide a comparison of self-harm or suicide-related incidents over time.⁸⁶³</p> <p>The dashboards do not include data on unacceptable behaviour from all relevant sources, due to issues with other data sources.⁸⁶⁴</p> <p>Concerns with Sentinel are further discussed in Chapter 15, Promoting health and wellbeing among ADF members.</p>

We acknowledge that at the time of writing, Defence was developing a case management system to replace multiple Defence datasets – including DPSMS, AIMS, CRTS and ComTrack – in May 2024.⁸⁶⁵ The system is used for entering, tracking, resolving and reporting integrity and personnel-related cases.⁸⁶⁶ However, it will not fix poor record-keeping practices or eliminate duplication of records.⁸⁶⁷

We note that Defence also collects information on suicide, suicidality and self-harm through Crisis Management Plan forms, and via Fatal Casualty Signal or Casualty notices, but Defence has indicated it does not maintain a database to store this information.⁸⁶⁸ Confusingly, Defence also told us it does have a single database for this information, which it expects to include in its new case management system.⁸⁶⁹ However, this information is generally not stored in Sentinel, despite this system being ‘the singular database used by Defence to collect information relating to work health and safety issues’.⁸⁷⁰ Further, Sentinel data is not due to be included in the case management system until 2026 at the earliest.⁸⁷¹

Annexure 29.2

Table A2 lists DVA datasets relating to suicide, suicidality and self-harm, and outlines concerns and limitations related to them. It also references Open Arms data. As previously mentioned, Open Arms is a DVA-funded service and its leadership reports directly to DVA.⁸⁷²

Table A2 Key DVA suicide, suicidality and self-harm datasets

Data source	Description	Concerns/limitations
Client data	Client data includes details of all claims submitted to DVA, such as claim outcomes and physical and mental health conditions. ⁸⁷³	<p>The data related to suicide and attempted suicide is incomplete, inconsistent, and difficult to identify and extract.⁸⁷⁴</p> <p>The client data does not include compensation claims for death by suicide before 1996. Military Compensation Scheme records from earlier than 2000 are generally less accurate.⁸⁷⁵</p>
National Treatment Account	The National Treatment Account contains records of health services provided to DVA card holders and funded by DVA. This includes information about the types of services accessed and the conditions for which clients received care, including mental health-related issues. ⁸⁷⁶	<p>The data only includes records of health services funded from 2000 to 2018, and only captures emergency admissions data from 2015 to 2018.⁸⁷⁷</p> <p>There are inconsistencies in the data.⁸⁷⁸</p>
Priority Investment Approach – Veterans (PIA-V)	The PIA-V longitudinal data suite consolidates many DVA data sources to provide a source of client-centric data, including basic demographic information; Military Compensation Scheme claims and payments; pensions; operational experience; treatment cards; and health service use. ⁸⁷⁹	<p>Data from before 2012 is less reliable. Records predating 2000 are even less reliable. Longitudinal analysis generally only encompasses data from the past decade, to ensure that findings are reliable.⁸⁸⁰</p> <p>Some data from earlier periods is in free text without any standardised codes, so further processing is required before this information can be used reliably.⁸⁸¹</p> <p>Some data is very limited, such as data relating to employment, education, family information or information about non-DVA clients.⁸⁸²</p>

Data source	Description	Concerns/limitations
List of suicide deaths	<p>DVA maintains a list of names of clients who are reported to DVA as having died by suicide, or who are suspected of having died by suicide.⁸⁸³ This list includes demographic information, information related to service history and information on outstanding DVA claims.⁸⁸⁴</p> <p>DVA collects this information from families, ex-service organisations and sometimes from rehabilitation consultants.⁸⁸⁵</p>	DVA has not historically recorded DVA client suicide deaths in any systematic way, and its list of suicide deaths has only been maintained since 2018. ⁸⁸⁶
Open Arms	<p>Open Arms stores details of services provided to individuals, families and groups, including clinical assessments, appointments, referrals and provider details.⁸⁸⁷</p> <p>Open Arms holds information on suicidality and suicide among DVA clients who have sought help from Open Arms.⁸⁸⁸ Generally this information is used to inform and support client care pathways.⁸⁸⁹</p>	<p>Open Arms does not currently have a proper process for collecting, analysing and interpreting existing and new data at the aggregate level.⁸⁹⁰</p> <p>We do note that Open Arms has engaged a contractor to develop a framework that it can use to address these issues. The framework will also help Open Arms identify standardised data collection conditions and implement statistically appropriate analysis of the aggregate data.⁸⁹¹</p> <p>We also note that DVA is developing a new client management system that could support datasets at the individual and population levels.⁸⁹²</p>

DVA has also indicated that it does not have a central register or systematic method of recording when a veteran has lived experiences of suicide behaviours or risk factors.⁸⁹³

DVA does have records of client deaths by suicide, but says these may be located in multiple data assets, inhibiting its ability to search and identify all documents pertaining to a client.⁸⁹⁴

Annexure 29.3

Table A3 lists the datasets that should be included in the National Veterans' Data Asset.

Table A3 Core datasets to be included in the National Veterans' Data Asset

Dataset	Type of data	Who manages the data
Defence personnel data, including Personnel Management Key Solution	Personnel	Defence
Recommended Defence Suicide Database (see Recommendation 106)	Suicide and associated measures	Defence
Defence electronic Health System	Defence health system	Defence
Defence Policing and Security Management System (DPSMS)	Incident reporting	Defence
Army Incident Management System (AIMS)	Incident reporting	Defence
Critical Incident Mental Health Support and PORT*	Mental health screening	Defence
Sentinel	Work health and safety	Defence
Defence Conduct Reporting and Tracking System (CRTS)	Military justice	Defence
Defence Complaint Management, Tracking and Reporting System (ComTrack)	Unacceptable behaviour	Defence
Defence case management system	Incident reporting, unacceptable behaviour and military justice	Defence
DVA Priority Investment Approach – Veterans	Claims, payments, and service and program use	DVA
DVA Client Satisfaction Survey	Wellbeing outcomes, claims processing and rehabilitation	DVA
DVA nominal rolls	Service in World War II, the Korean War, the Vietnam War and the First Gulf War	DVA
DVA list of names of clients reported to have died by suicide	Suicide	DVA
National Ambulance Surveillance System	Ambulance attendances	Turning Point, states and territories and other non-government organisations
Emergency department data	Emergency department presentations	States and territories
Police incident data	Police incident reports	States and territories

Note: Asterisk denotes relevant information recorded during recruitment and any mental health screens conducted in *ab initio* training, as discussed in Chapter 3, Recruitment and initial training.

The case management system is Defence's replacement for DPSMS, AIMS, CRTS and ComTrack.⁸⁹⁵ Data previously included in these systems and now captured through the case management system should be included in the National Veterans' Data Asset.

Table A4 outlines the data assets that should be able to be linked with the National Veterans' Data Asset to enable deeper research and insights from the data asset and existing government data.

Table A4 Data assets to be linked to the National Veterans' Data Asset

Dataset	Type of data	Who manages the data
National Integrated Health Service Information Analysis Asset	Hospitals, mortality, aged care, Medicare Benefits Schedule and Pharmaceutical Benefits Scheme	Australian Institute of Health and Welfare
Person Level Integrated Data Asset	Census, health, education, government payments, income and tax, employment and demographics	Australian Bureau of Statistics
National Coronial Information System	Coronial data	National Coronial Information System, and Victorian Department of Justice and Community Safety ⁸⁹⁶
Data Sharing and Analytics Solution	Serving ADF members' data and DVA client data ⁸⁹⁷	Defence and DVA

Annexure 29.4

Table A5 provides our summary of Defence's response to why it does not disclose data to external stakeholders conducting research. We provide our views alongside.

Table A5 Reasons why Defence said it would not provide data to external researchers

Issue	Defence says	We say
Legal requirements ⁸⁹⁸	Disclosure of the data would contravene the law – including, for example, the <i>Privacy Act 1988</i> (Cth) and any duty of confidence. ⁸⁹⁹	<p>Existing legal frameworks cover access to data from government departments, including Defence, and do not necessarily prevent data being shared. These frameworks include:</p> <ul style="list-style-type: none"> • The Privacy Act, which regulates how Defence handles the personal and sensitive information of ADF members.⁹⁰⁰ However, the Privacy Act also allows personal information to be collected, used or disclosed subject to certain conditions, such as the 'permitted general situations' in section 16A of the Privacy Act.⁹⁰¹ <p>Our view is that Defence may disclose an ADF member's health information or data collected during a consultation with the member's health practitioner (and subsequently obtained by Joint Health Command) if the member has consented to sharing the data or if it is shared in a de-identified form, such that the information no longer has the quality of confidence.</p> <ul style="list-style-type: none"> • The <i>Data and Transparency Act 2022</i> (Cth) established a scheme for sharing public sector data for the purpose of delivering government services; informing government policy and programs; or research and development.⁹⁰²

Issue	Defence says	We say
Ethical concerns ⁹⁰³	<p>Ethical approval of the research may not be granted where the principles of research merit, integrity, justice, beneficence and respect cannot be met.</p> <p>Defence considers its ethics review processes to be robust.⁹⁰⁴</p>	<p>Research proposals should be subject to approval from a registered Human Research Ethics Committee (HREC), in accordance with the National Statement on Ethical Conduct in Human Research and the Privacy Act.⁹⁰⁵</p> <p>Defence and DVA's ethics processes have been the subject of complaints.⁹⁰⁶ We have heard of prolonged delays in ethics approval processes.⁹⁰⁷ These delays do not benefit study participants or researchers.⁹⁰⁸</p> <p>Defence requires research proposals to gain Defence endorsement before it permits ethical review.⁹⁰⁹ Defence must conduct an ethical review of external researchers 'where those researchers are seeking to access research participants through or in the workplace, or to use administrative data or other data collected by the workplace'.⁹¹⁰ As discussed in Box 29.2, when a registered HREC has already provided ethics approval, we question whether additional Defence and DVA HREC approval is necessary.</p>

Issue	Defence says	We say
Consent ⁹¹¹	Consent of the individual is required before disclosure, and consent has not been obtained. ⁹¹²	<p>Consent to the use, sharing or disclosure of sensitive data is crucial, and should be approached in accordance with the Privacy Act.</p> <p>Defence and DVA should not assume consent will or will not be provided. For example, some 91% of Australians would be willing to share their de-identified medical data for research purposes.⁹¹³</p> <p>Research conducted for this Royal Commission indicated that individuals are likely to consent to data being shared, when it is used for the right reasons and treated appropriately.⁹¹⁴</p> <p>People with lived experience of ADF member suicide and self-harm felt there needed to be fewer barriers to sharing information, and that privacy concerns about data collection and sharing would be drastically reduced with greater transparency around how data would be used, who would have access to it, and how and where it would be stored.⁹¹⁵</p> <p>We suggest that Defence and other agencies closely monitor any changes to the Privacy Act and take opportunities to engage with the Privacy Act Review.</p> <p>We also note that consent needs to be informed. Defence itself highlighted a privacy breach by DVA arising from the unconsented release of information to researchers, which we discussed in section 29.2.2.⁹¹⁶</p>
Research overlap or lack of alignment with Defence strategic priorities ⁹¹⁷	Similar research is already underway, or has been conducted, or the research does not align with Defence strategic priorities. ⁹¹⁸	Defence and DVA should not be in the position to decide whether external research has merit based on its similarity to existing work, or Defence and DVA's own strategic priorities. In our view, doing so undermines researchers' ability to conduct independent studies and hinders openness and accountability.
National security ⁹¹⁹	Defence must consider a range of factors including data security arrangements, the presence of Protected Identities and whether data linkage could enable intelligence gathering. ⁹²⁰	We acknowledge that Defence may need to exclude some data from certain data requests, but this should rarely prevent the provision of data relating to health and wellbeing for research.

Issue	Defence says	We say
Compliance with Defence policies ⁹²¹	An applicant has failed to complete an external data request for human resources data after engagement with the Human Resources Information Management team. ⁹²²	We acknowledge that Defence will need to introduce administrative processes to facilitate access to data. Defence should consult with the research community to ensure these processes are no more onerous than they need be.
Data custodian decisions on data use ⁹²³	Researchers must describe how they intend to use existing datasets. The data custodian should be in a position to determine whether the data could be reliably used for that purpose. Data custodians should also consider the background of the researcher and the likelihood of information being misinterpreted or taken out of context without sufficient subject matter expertise. ⁹²⁴	Defence data custodians have an important role to play in educating researchers about the data they hold and the quality of that data. Defence data custodians should not decline to provide data on the basis of their own individual views about whether data suits a particular research need. Such decisions are more appropriate for independent peer review, and should be conducted at arm's length from Defence. Ethics committees already consider the use of data. ⁹²⁵ There is no need for Defence to replicate, reconsider or otherwise interfere with this process. We consider it inappropriate for Defence to do so.
Data custodian decisions on data timeliness ⁹²⁶	The data custodian considers disclosure when it would not be possible to provide data within the researcher's proposed timeline or when the proposed timeline does not allow for thorough consideration of whether the data can or should be disclosed. In these circumstances, the Data custodian should liaise with the researcher to establish appropriate timeframes. ⁹²⁷	We have previously discussed concerns with Defence's production of data in a timely manner (see section 29.4 of this chapter). <i>The Data Availability and Transparency Act 2022 (Cth)</i> legislates that data requests must be responded to within 28 days. ⁹²⁸
Format of data and ability to transfer/receive data ⁹²⁹	Defence transfers de-identified data wherever possible. When this does not meet the requirements of the researcher, the data custodian and ethics committee consider consent, equitable duty of confidence, the Privacy Act, national security, and data security arrangements in their decision-making. ⁹³⁰ This may occur if a secure means of data transfer cannot be established, or if it is not possible to export the data from the source. ⁹³¹	We agree it is preferable to provide de-identified data rather than identifiable information, as long as doing so still meets the research needs. We have made recommendations on the quality, access and integration of Defence data. Defence, in enacting these recommendations, should be mindful of the need for data to be available in suitable, commonly used formats to enable external research. Defence should also ensure it has systems in place to permit secure transfer of data, where required, especially as having external researchers receive this information is likely to provide Defence with useful insights.

Annexure 29.5

Table A6 shows our understanding of how Defence uses data relating to ADF member wellbeing. It also sets out our concerns and aspects that we believe Defence needs to improve. The examples provided are indicative, rather than exhaustive.

Table A6 Defence's use of data relating to ADF member wellbeing

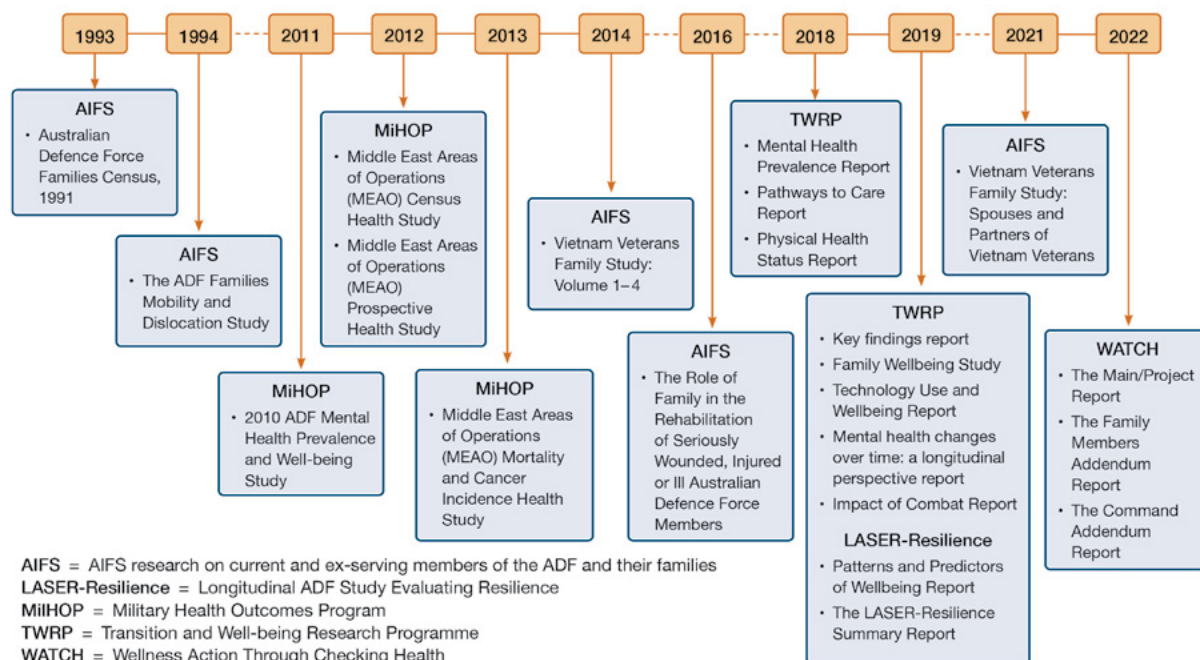
Data use	Current state	Our concerns	Desired state
Policies and programs	<p>Defence was able to identify situations in which data had been used to inform policies and programs. For example, data was used:</p> <ul style="list-style-type: none"> to inform the Defence Health Manual, mental health and wellbeing programs, and Defence training and promotional activities⁹³² in a monthly dashboard reporting on non-fatal suicide behaviours to assist with future planning of healthcare needs⁹³³ for Defence analysis, to inform understanding of the circumstances in which ADF members presented with suicidal ideation⁹³⁴ in analysis of unacceptable behaviours, to inform Defence's cultural reform strategy.⁹³⁵ 	<p>Data use is ad hoc and opportunities to use data are missed. For example:</p> <ul style="list-style-type: none"> Defence misses opportunities to evaluate strategies and frameworks, or when this evaluation is done, it is based on limited data⁹³⁶ Defence does not use data to identify population subgroups and target suicide prevention service delivery for them⁹³⁷ data assets are not discoverable, not catalogued and not visible, and are often held by data owners in a 'possessive' way rather than shared internally.⁹³⁸ 	<p>Data is integrated and used to give holistic insights about ADF members.</p> <p>Defence makes use of data as a matter of course in developing, monitoring and evaluating all policies and programs.</p>

Data use	Current state	Our concerns	Desired state
External accountability	<p>Defence was able to identify instances of using data to inform others. For example:</p> <ul style="list-style-type: none"> information from the Defence Suicide Database was used in response to media requests and parliamentary responses⁹³⁹ extracts from Defence suicide registers have been shared with organisations, including AIHW, for inclusion in their monitoring reports.⁹⁴⁰ 	<p>Data is not fully explored. For instance, Defence at times fails to report survey data split by gender.⁹⁴¹ This can obscure findings that require further consideration, such as the finding that more females than males believe incidents of unacceptable behaviour are managed poorly in Defence.⁹⁴² We discuss this in section 29.6.2.</p> <p>Analysis by this Royal Commission found that males serving in the permanent forces of the ADF are 30% more likely to die by suicide than Australian employed males. (See Appendix H, Comparative rates of suicide – current serving ADF members.) This contrasts with statements from Defence and then Chief of the Defence Force, which said that being a serving ADF member is a protective factor for suicide and suicidality.⁹⁴³</p>	<p>Defence actively analyses and queries data to test assumptions and produce new insights about the wellbeing of ADF members.</p> <p>Defence is an exemplary agency when it comes to sharing data to enable independent analysis of the wellbeing of ADF members.</p>
Informing Defence staff	<p>Defence was able to identify instances in which it made information available within the organisation. For example, it:</p> <ul style="list-style-type: none"> provided a statistical risk profile of ADF members who use substances to cope with stress from a problem involving a relationship at work⁹⁴⁴ distributed reports from Defence survey data to senior Defence decision-makers.⁹⁴⁵ 	<p>Information is not available in a useable form.⁹⁴⁶</p> <p>Information is not available in a format that makes it readily understood.⁹⁴⁷</p> <p>Information is provided without context and without comparison points, or it is not analysed, all of which limits its utility.⁹⁴⁸</p> <p>Information is not received in a timely manner.⁹⁴⁹</p>	<p>Defence staff, particularly commanders, use data to understand the wellbeing of ADF members, particularly those under their command.</p>

Annexure 29.6

Figure A1 shows a number of important research studies under various research programs that have been undertaken in collaboration with Defence and DVA.

Figure A1 Key studies on serving and ex-serving members



Source: The information presented here was compiled from a number of sources.⁹⁵⁰

Annexure 29.7

Table A7 outlines the main surveys Defence has used – and currently uses – to collect information on workplace behaviours and experiences.

Table A7 Defence surveys on workplace behaviours and experiences

Survey	Description
Workplace Behaviours Survey	This survey (called the 'Unacceptable Behaviour Survey' from 2011 to 2017) is conducted annually to provide information on unacceptable behaviour in Defence, and responses to such behaviour. ⁹⁵¹
YourSay Workplace Experience Survey	The YourSay Workplace Experience Survey provides insights into workplace experiences, organisational climate and culture. ⁹⁵² It is conducted annually.
YourSay Entry Survey	The YourSay Entry Survey is administered to all newly enlisted or appointed ADF members after a minimum of seven weeks of service and a maximum of 12 weeks in the ADF. ⁹⁵³ The survey is used to understand recruiting and initial training environments. ⁹⁵⁴
YourSay Exit Survey	The YourSay Exit Survey is administered to ADF members who have indicated that they are leaving Defence. ⁹⁵⁵ Defence uses the survey to understand the experience and perception of staff and what influenced them to leave. ⁹⁵⁶
Profile of unit leadership satisfaction and effectiveness (PULSE) surveys	PULSE surveys provide unit commanders or senior executives with a measure of the organisational climate within their unit. They are conducted for specific units as requested by commanders or senior executives. ⁹⁵⁷
ADF Census	The ADF Census is conducted every four years and primarily collects demographic data. ⁹⁵⁸ In 2023, for the first time, the Census captured information on the wellbeing, disability and chronic health conditions of the ADF workforce. ⁹⁵⁹
Army single-service survey: Army Command Climate Survey	The Army Command Climate Survey supports commanders and informs strategic decision-making in the army. The survey provides an understanding of how demands and resources impact capability in a single unit and across brigades. It is used to understand trends across time ⁹⁶⁰ and is conducted annually. ⁹⁶¹
Air Force single-service survey: Defence Force Safety Bureau Snapshot Survey	The Defence Force Safety Bureau Snapshot Survey captures psychological and organisational factors affecting the safety, performance and health of Air Force workgroups. The survey is used to generate reports to commanding officers or senior managers for each unit and/or workgroup. ⁹⁶² It is conducted annually. ⁹⁶³
Navy single-service survey: Navy PULSE	The Navy PULSE survey covers issues related to military capability. It assesses factors that impact serving members' job satisfaction, performance, retention, wellbeing and psychological resilience. The Navy PULSE survey helps Navy commanders understand the psychological climate of their ship, unit, profession or workgroup, and take targeted action if required. ⁹⁶⁴ The survey is conducted when requested. ⁹⁶⁵
Navy Organisational Culture Inventory/ Organisational Effectiveness Inventory	The Navy Organisational Culture Inventory/Organisational Effectiveness Inventory measures and evaluates organisational culture across the Navy. ⁹⁶⁶ Surveys were conducted in 2010, 2011, 2013, 2016, 2018 and 2021.

We note there are many other surveys ADF members participate in.⁹⁶⁷ For example, the Navy runs a mental health and wellbeing questionnaire annually, which it uses for mental health screening.⁹⁶⁸ This questionnaire also includes questions on workplace experiences.⁹⁶⁹

Figure A2 Defence surveys on workplace behaviours and experiences from 2017 to 2023

Survey	2017	2018	2019	2020	2021	2022	2023
Unacceptable Behaviour							
Workplace Behaviours							
YourSay Organisational Climate							
YourSay Workplace Experience							
YourSay Starting at Defence							
YourSay Entry							
YourSay Leaving Defence							
YourSay Exit							
PULSE*							
Census							
Army Command Climate Survey							
Defence Force Safety Bureau Snapshot Survey							
Navy PULSE*							
Navy Organisational Culture Inventory/ Organisational Effectiveness Inventory*							

Legend	

Note: *Administered by request for each unit

Note: Surveys denoted by an asterisk are administered by request for each unit.

Source: The information presented here was compiled from a number of sources.⁹⁷⁰

Annexure 29.8

Table A8 outlines our concerns with Defence's surveys. The examples provided are indicative, rather than exhaustive.

Table A8 Concerns with Defence surveys on workplace behaviours and experiences

Issue	Detail
Survey response rates are low	Since 2019, the response rate for the Defence Workplace Behaviours Survey has rarely reached above 15 per cent. ⁹⁷¹ The low response rate means these surveys do not include the perspectives of a significant proportion of the ADF population. It also means results are not analysed at the unit level. ⁹⁷²
ADF members are over-surveyed	Defence identified that it is 'over surveying [its] people' and that when members are asked to respond to too many surveys, response rates 'go down'. ⁹⁷³ In 2023, Defence personnel completed the Workplace Behaviours Survey and the YourSay Workplace Experience Survey. ⁹⁷⁴ Both surveys are significant in length. ⁹⁷⁵ Additionally, all Army and Air Force members were asked to complete their respective single-service surveys. ⁹⁷⁶
There is an overlap in the topics covered in Defence's surveys	For example, culture is examined through the Workplace Behaviours Survey, the YourSay Workplace Experience Survey and the single-service surveys.
Survey reporting lacks detail	Defence's survey reporting lacks the detail needed to understand the experiences of different ADF groups. The Defence-wide report from the 2018 Workplace Behaviours Survey included a discussion of gender differences in workplace behaviour experiences and noted that unacceptable behaviour is a 'more salient issue for women in Defence'. ⁹⁷⁷ Yet the 2020 summary reporting from the same survey had no split of the data by gender. ⁹⁷⁸ Survey reports have become increasingly less detailed despite interest in more detailed reporting. ⁹⁷⁹ The 2013 report from the Unacceptable Behaviour Survey (as it was then known) was more than 280 pages long while the 2020 report was summarised onto three slides. ⁹⁸⁰
Changes in the way surveys are run make it difficult to compare results over time	From 1998 to 2018, the Workplace Behaviours Survey has been redesigned at least five times. ⁹⁸¹ Constantly changing the survey program makes it difficult to understand the extent of unacceptable behaviour and to analyse trends over time. ⁹⁸² Amendments in 2018, 2020 and 2021 to survey questions in the YourSay Workplace Experience Survey also limited like-for-like comparisons. ⁹⁸³

Issue	Detail
Changes in the way surveys are conducted make it difficult to rely on findings	<p>In 2018, Defence introduced a new methodology for calculating the prevalence of unacceptable behaviours, including sexual misconduct, using the Workplace Behaviours Survey.⁹⁸⁴ The rates of sexual misconduct dropped – at least according to Defence’s reporting – following the introduction of this new methodology.⁹⁸⁵ Taken together with the evidence we have heard about sexual misconduct in this Royal Commission, we are sceptical that Defence’s report presents a true picture.</p> <p>The Australian Human Rights Commission (AHRC) also identified potential shortcomings in Defence’s survey methods.⁹⁸⁶ AHRC stated that Defence’s Workplace Behaviours Survey asks participants about a ‘far narrower range’ of sexual misconduct behaviours than an AHRC survey that examined sexual harassment across the Australian workforce. AHRC identified at least six behaviours in its survey for which there was no equivalent in the Defence survey.⁹⁸⁷</p>
Interpretation of results is questionable	<p>We are further concerned by how Defence interprets some of its results. A report written by the ADF on sexual misconduct in the Australian Defence Force shows that in 2021, 15 per cent of females reported experiencing sexual misconduct.⁹⁸⁸ The report goes on to state that ‘the experience of sexual misconduct in Defence is low’.⁹⁸⁹ We do not agree that one in seven females experiencing sexual misconduct can be considered ‘low’.</p>
Defence’s survey program lacks central oversight	<p>Defence People Group manages the Workplace Behaviours Survey and the YourSay Workplace Experience Survey as well as the YourSay Entry Survey and YourSay Exit Survey.⁹⁹⁰ Joint Health Command manages PULSE surveys, but only administers a survey if a commander or senior executive requests it.⁹⁹¹ The Army manages the Army Command Climate Survey.⁹⁹² The Navy manages Navy PULSE.⁹⁹³ The Air Force manages the Defence Force Safety Bureau Snapshot Survey.⁹⁹⁴ In our view, this approach could limit the data available to managers, commanders and senior leaders across Defence.</p>
There is an inconsistent approach to identifying vulnerable populations	<p>The YourSay Workplace Experience Survey, which is enterprise-wide, collects information on the First Nations, disability, gender, and culturally and linguistically diverse identity of people completing the survey.⁹⁹⁵ In comparison, the Workplace Behaviours Survey captures limited demographic information, with only some service information and a single question on gender.⁹⁹⁶ An external review of this survey recommended that additional demographic data – such as culturally and linguistically diverse identity – should be collected.⁹⁹⁷ In response, Defence said it would consider this in 2023–25 or when there is a need for the information.⁹⁹⁸</p> <p>Defence also has an inconsistent approach to asking about the LGBTIQ+ identity of respondents in its surveys. Questions on LGBTIQ+ identity were previously asked in the Workplace Behaviours Survey, but have been removed due to concerns about the small number of responses and participant privacy – despite almost 50,000 people being surveyed in 2023.⁹⁹⁹ This contrasts with Defence collecting this information in the 2023 ADF Census and the 2022 ADF Families Survey, which captured information on LGBTIQ+ identity even though there were fewer than 3,000 respondents in the 2022 Families survey.¹⁰⁰⁰</p>

Endnotes

- 1 Australian Institute of Health and Welfare, 'Suicide & self-harm monitoring data', webpage, last updated 27 February 2024, www.aihw.gov.au/suicide-self-harm-monitoring/data/suicide-self-harm-monitoring-data, viewed 29 November 2023 (Exhibit K-01.131, DVS.2222.0001.3468).
- 2 Australian Institute of Health and Welfare, *Socioeconomic characteristics of ex-serving ADF members who died by suicide*, October 2022 (Exhibit 55-01.011, Hearing Block 8, DVS.0008.0001.0229 at 0233); Exhibit 07-01.009, Hearing Block 1, Department of Defence, Response to Notice to Produce, NTP-DEF-001, Defence Mental Health and Wellbeing Strategy 2018-2023, DEF.0001.0002.0490 at 0534.
- 3 World Health Organization, *An implementation guide for suicide prevention in countries*, 2021, p 47 (Exhibit 08-01.007, Hearing Block 1, EXP.0001.0013.0053).
- 4 T Varker and others, *ADF members and ex-members suicide literature review: An update*, commissioned by the Royal Commission into Defence and Veteran Suicide, October 2023, p 99 (Exhibit L-01.026, DVS.2222.0001.0531).
- 5 Department of the Treasury, 'Why evaluate', webpage, www.evaluation.treasury.gov.au/toolkit/why-evaluate, viewed 30 November 2023 (Exhibit K-01.107, DVS.2222.0001.2635 at 2636).
- 6 A Flego and others, *Suicide and self-harm monitoring of the serving and ex-serving Australian Defence Force member population – Part 1: The data landscape and short-term opportunities*, commissioned by the Royal Commission into Defence and Veteran Suicide, June 2022, p 102 (Exhibit K-01.048, DVS.2222.0001.1292).
- 7 Exhibit 75-04.016, Hearing Block 10, Department of Defence, Response to Notice to Produce, NTPDEF-136, *Enterprise Data Maturity Assessment Insights Report*, DEF.1136.0001.0081 at 0129.
- 8 World Health Organization, 'Monitoring and sharing suicide data and statistics', webpage, www.who.int/activities/monitoring-and-sharing-suicide-data-and-statistics, viewed 21 March 2024 (Exhibit 101-03.028, Hearing Block 12, DVS.0012.0001.3093).
- 9 PFLR-1.1 (Data, Commonwealth response), PFL.0033.0002.0001 at 002.
- 10 Exhibit 89-02.028, Hearing Block 12, Australian Institute of Health and Welfare, Response to Notice to Give, NTG-AHW-008, Attachment B, AHW.9999.0005.0002 at 0008.
- 11 Exhibit 18-02.002, Hearing Block 3, Australian Institute of Health and Welfare, Response to Notice to Give, NTG-AHW-001, AHW.9999.0001.0001 at 0003 [3], 0043 [28].
- 12 Exhibit 18-02.002, Hearing Block 3, Australian Institute of Health and Welfare, Response to Notice to Give, NTG-AHW-001, AHW.9999.0001.0001 at 0012–0013 [7].
- 13 Exhibit 35-02.002, Hearing Block 5, Angus Campbell, Response to Notice to Give, NTG-ACA-001, DEF.9999.0011.0344 at 0372 [75].
- 14 Exhibit 35-02.002, Hearing Block 5, Angus Campbell, Response to Notice to Give, NTG-ACA-001, DEF.9999.0011.0344 at 0371 [73b].
- 15 Exhibit 28-02.002, Hearing Block 4, Department of Defence, Response to Notice to Give, NTGDEF001, DEF.9999.0001.0001 at 0001 [2–4], 0003–0005 [10–23], 0016 [77–79], 0020 [86–91], 0024 [112].
- 16 Royal Commission into Defence and Veteran Suicide, *Interim Report*, August 2022, pp 68–69.
- 17 Exhibit B-01.013, Department of Defence, Response to Notice to Give, NTG-DEF-021, DEF.9999.0007.0026 at 0027 [1].
- 18 Exhibit B-01.013, Department of Defence, Response to Notice to Give, NTG-DEF-021, DEF.9999.0007.0026 at 0037 [30], 0038 [34], 0039 [36–40].
- 19 Exhibit B-01.013, Department of Defence, Response to Notice to Give, NTG-DEF-021, DEF.9999.0007.0026 at 0033 [17], 0036 [24].
- 20 Exhibit B-01.013, Department of Defence, Response to Notice to Give, NTG-DEF-021, DEF.9999.0007.0026 at 0028 [4].
- 21 Exhibit B-01.013, Department of Defence, Response to Notice to Give, NTG-DEF-021, DEF.9999.0007.0026 at 0038 [34].
- 22 Exhibit B-01.011, Department of Defence, Response to Notice to Give, NTG-DEF-028, DEF.9999.0011.0317 at 0322 [7f].
- 23 Exhibit 65-01.030, Hearing Block 9, Department of Defence, Response to Notice to Produce, NTP-SSH-001, ADF Suicide Attempt and Self Harm Quality Assurance Audit Report 2017, SSH.1001.0001.0105 at 0106 [1, 5]; Exhibit 65-01.028, Hearing Block 9, Department of Defence, Response to Notice to Give, NTG-DEF-097A, DEF.9999.0062.0044 at 0045 [1].

- 24 Exhibit B-01.013, Department of Defence, Response to Notice to Give, NTG-DEF-021, DEF.9999.0007.0026 at 0069 [96]; Exhibit B-01.011, Department of Defence, Response to Notice to Give, NTG-DEF-028, DEF.9999.0011.0317 at 0322 [7f].
- 25 Exhibit 65-01.028, Hearing Block 9, Department of Defence, Response to Notice to Give, NTG-DEF-097A, DEF.9999.0062.0044 at 0045–0046 [2–4].
- 26 Exhibit K-01.055, Department of Defence, Response to Notice to Produce, NTP-DEF-266, Key insights on non-fatal suicide behaviours, DEF.1266.0001.0160 at 0160.
- 27 Exhibit 65-01.030, Hearing Block 9, Department of Defence, Response to Notice to Produce, NTP-SSH-001, ADF Suicide Attempt and Self Harm Quality Assurance Audit Report 2017, SSH.1001.0001.0105 at 0108 [10–12]; Exhibit 65-01.022, Hearing Block 9, Department of Defence, Response to Notice to Produce, NTP-SSH-001, Suicide Prevention SME Working Group Report August to December 2020, SSH.1001.0001.0169 at 0172 [1, 2, 5].
- 28 Exhibit 65-01.022, Hearing Block 9, Department of Defence, Response to Notice to Produce, NTP-SSH-001, Suicide Prevention SME Working Group report August to December 2020, SSH.1001.0001.0169 at 0172 [1, 2, 5].
- 29 Exhibit 20-03.021, Hearing Block 3, Department of Defence, Response to Notice to Produce, NTP-DEF-008, A Review of the Australian Defence Force Suicide Prevention Program 2012, DEF.1000.8002.9688 at 9698; Exhibit B-01.014, Department of Defence, Response to Notice to Give, NTG-DEF-018, DEF.9999.0010.0008 at 0017 [24], 0018 [29]; Exhibit 18-02.002, Hearing Block 3, Australian Institute of Health and Welfare, Response to Notice to Give, NTG-AHW-001, AHW.9999.0001.0001 at 0043 [28]; Exhibit 65-01.030, Hearing Block 9, Department of Defence, Response to Notice to Produce, NTP-SSH-001, ADF Suicide Attempt and Self Harm Quality Assurance Audit Report 2017, SSH.1001.0001.0105 at 0105–0106; Exhibit B-01.013, Department of Defence, Response to Notice to Give, NTG-DEF-021, DEF.9999.0007.0026 at 0028 [3, 4], 0038 [34, 35], 0045 [4], 0068 [94]; Exhibit K-01.040, Department of Defence, Response to Notice to Give, NTG-DEF-003, DEF.9999.0113.0001 at 0011 [3]; Exhibit 65-01.028, Hearing Block 9, Department of Defence, Response to Notice to Give, NTG-DEF-097A, DEF.9999.0062.0044 at 0045–0046 [1–2], 0048 [5]; Exhibit 65-01.022, Hearing Block 9, Department of Defence, Response to Notice to Produce, NTP-SSH-001, Suicide Prevention SME Working Group Report August to December 2020, SSH.1001.0001.0169 at 0172–0173; Exhibit K-01.055, Department of Defence, Response to Notice to Provide, NTP-DEF-266, Key insights on non-fatal suicide behaviours, DEF.1266.0001.0160 at 0160.
- 30 Exhibit 90-02.036, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTP-DEF-347-01, Developmental Evaluation Report for the Defence Suicide Prevention Program, DEF.1347.0002.0463 at 0467, 0479.
- 31 PFLR-1.1 (Data, Commonwealth response), PFL.0033.0002.0001 at 002.
- 32 JM Botswick and others, 'Suicide Attempt as a Risk Factor for Competed Suicide: Even More Lethal Than We Knew', *American Journal of Psychiatry*, vol 173, 11, 2016, p 1094 (Exhibit B-01.026, STU.0006.0001.3586); Philip Morris, Submission, ANON-Z1E7-QERF-N, p [2].
- 33 Exhibit 35-02.002, Hearing Block 5, Angus Campbell, Response to Notice to Give, NTG-ACA-001, DEF.9999.0011.0344 at 0361 [38].
- 34 Transcript, Simon Stuart, Hearing Block 12, 22 March 2024, pp 98-9942 [46]–98-9943 [16].
- 35 Exhibit B-01.014, Department of Defence, Response to Notice to Give, NTG-DEF-018, DEF.9999.0010.0008 at 0028 [71].
- 36 Exhibit 65-01.028, Hearing Block 9, Department of Defence, Response to Notice to Give, NTG-DEF-097A, DEF.9999.0062.0044 at 0056 [17], 0059 [22].
- 37 Exhibit K-01.022, Department of Defence, Response to Notice to Give, NTG-DEF-195, DEF.9999.0124.0001 at 0003 [5].
- 38 Exhibit K-01.022, Department of Defence, Response to Notice to Give, NTG-DEF-195, DEF.9999.0124.0001 at 0003 [4].
- 39 Exhibit 28-03.02, Hearing Block 4, Department of Defence, Response to Notice to Produce, NTP-DEF-001, University of Canberra Interim Report, DEF.0001.0008.0073 at 0126.
- 40 Transcript, Angus Campbell, Hearing Block 5, 23 June 2022, p 35-3366 [37–41].
- 41 Transcript, Angus Campbell, Hearing Block 12, 28 March 2024, pp 101-10338 [22]–101-10339 [3].

42 Exhibit K-01.022, Department of Defence, Response to Notice to Give, NTG-DEF-195, DEF.9999.0124.0001 at 0002 [1]; Exhibit 90-02.078, Hearing Block 12, Department of Defence, Response to Notice to Give, NTG-DEF-263, DEF.9999.0176.0001 at 0002 [2, 4].

43 Exhibit 101-03.086, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTP-DEF-289, Research Agreement, DEF.1289.0002.0001 at 0003, 0007, 0012; Exhibit G-01.002, Department of Defence, Response to Notice to Give, NTG-DEF-079, DEF.9999.0155.0001 at 0012 [29–30].

44 Exhibit 101-03.015, Hearing Block 12, Department of Defence, Response to Notice to Give, NTG-DEF-261, DEF.9999.0189.0001 at 0003 [12].

45 Exhibit K-01.055, Department of Defence, Response to Notice to Produce, NTP-DEF-266, Key insights on non-fatal suicide behaviours, DEF.1266.0001.0160 at 0160.

46 Exhibit K-01.055, Department of Defence, Response to Notice to Produce, NTP-DEF-266, Key insights on non-fatal suicide behaviours, DEF.1266.0001.0160 at 0160.

47 Exhibit K-01.055, Department of Defence, Response to Notice to Produce, NTP-DEF-266, Key insights on non-fatal suicide behaviours, DEF.1266.0001.0160 at 0168.

48 Exhibit 35-04.001, Hearing Block 5, Department of Defence, Response to Notice to Give, NTG-DEF-001, DEF.9999.0008.0055 at 0072 [88].

49 Exhibit K-01.040, Department of Defence, Response to Notice to Give, NTG-DEF-003, DEF.9999.0113.0001 at 0011 [1–4].

50 Exhibit K-01.055, Department of Defence, Response to Notice to Produce, NTP-DEF-266, Key insights on non-fatal suicide behaviours, DEF.1266.0001.0160 at 0168.

51 Exhibit K-01.055, Department of Defence, Response to Notice to Produce, NTP-DEF-266, Key insights on non-fatal suicide behaviours, DEF.1266.0001.0160 at 0177.

52 Exhibit 90-02.036, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTP-DEF-347-01, Developmental Evaluation Report for the Defence Suicide Prevention Program, DEF.1347.0002.0463 at 0485.

53 Exhibit 65-01.028, Hearing Block 9, Department of Defence, Response to Notice to Give, NTG-DEF-097A, DEF.9999.0062.0044 at 0046 [2d].

54 Exhibit K-01.055, Department of Defence, Response to Notice to Produce, NTP-DEF-266, Key insights on non-fatal suicide behaviours, DEF.1266.0001.0160 at 0177.

55 Exhibit 75-04.014, Hearing Block 10, Department of Defence, Response to Notice to Produce, NTP-SSH-001, ADF Health Strategy, SSH.1001.0002.0305 at 0327; Exhibit F.05.001, Department of Defence, Response to Notice to Give, NTG-DEF-185, DEF.9999.0121.0001 at 0038 [Table 13.2, row (a)].

56 Exhibit 65-01.028, Hearing Block 9, Department of Defence, Response to Notice to Give, NTG-DEF-097A, DEF.9999.0062.0044 at 0052 [Table 2.1, row 10].

57 Exhibit F.05.001, Department of Defence, Response to Notice to Give, NTG-DEF-185, DEF.9999.0121.0001 at 0039 [Table 13.2, row (c)].

58 National Suicide Prevention Adviser, *Connected and Compassionate: Implementing a national whole of governments approach to suicide prevention*, Final Advice, December 2020, p 2 (Exhibit 90-02.075, Hearing Block 12, STU.0000.0002.4990).

59 National Suicide Prevention Adviser, *Connected and Compassionate: Implementing a national whole of governments approach to suicide prevention*, Final Advice, December 2020, p 55 (Exhibit 90-02.075, Hearing Block 12, STU.0000.0002.4990).

60 National Suicide Prevention Adviser, *Connected and Compassionate: Implementing a national whole of governments approach to suicide prevention*, Final Advice, December 2020, p 55 (Exhibit 90-02.075, Hearing Block 12, STU.0000.0002.4990).

61 Exhibit 85-01.003, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-141, DEF.9999.0115.0001 at 0002 [3–5].

62 Exhibit 68-02.001, Hearing Block 10, Department of Defence, Response to Notice to Give, NTG-DEF-124, DEF.9999.0096.0001 at 0089 [393].

63 Exhibit B-01.012, Department of Defence, Response to Notice to Give, NTG-DEF-028, DEF.9999.0012.0019 at 0022–0023 [5]; Exhibit K-01.055, Department of Defence, Response to Notice to Produce, NTP-DEF-266, Key insights on non-fatal suicide behaviours, DEF.1266.0001.0160 at 0165–0167.

64 Exhibit 85-01.003, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-141, DEF.9999.0115.0001 at 0010 [33].

65 Exhibit 85-01.003, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-141, DEF.9999.0115.0001 at 0011 [37].

- 66 Exhibit 68-02.001, Hearing Block 10, Department of Defence, Response to Notice to Give, NTG-DEF-124, DEF.9999.0096.0001 at 0089 [391].
- 67 Exhibit B-01.012, Department of Defence, Response to Notice to Give, NTG-DEF-028, DEF.9999.0012.0019 at 0022–0023 [5]; Exhibit K-01.055, Department of Defence, Response to Notice to Produce, NTP-DEF-266, Key insights on non-fatal suicide behaviours, DEF.1266.0001.0160 at 0165–0167.
- 68 Exhibit 90-02.036, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTP-DEF-347-01, Developmental Evaluation Report for the Defence Suicide Prevention Program, DEF.1347.0002.0463 at 0508.
- 69 Exhibit 101-03.090, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTP-DEF-362, University of Canberra Strategic Advisory Group Slides, DEF.1362.0001.0150 at 0160.
- 70 Exhibit B-01.013, Department of Defence, Response to Notice to Give, NTG-DEF-021, DEF.9999.0007.0026 at 0035 [22].
- 71 T Varker and others, *ADF members and ex-members suicide literature review: An update*, commissioned by the Royal Commission into Defence and Veteran Suicide, October 2023, pp 3–8 (Exhibit L-01.026, DVS.2222.0001.0531).
- 72 A Flego and others, *Suicide and self-harm monitoring of the serving and ex-serving Australian Defence Force member population – Part 1: The data landscape and short-term opportunities*, commissioned by the Royal Commission into Defence and Veteran Suicide, June 2022, p 9, 30, 46, 54, 111 (Exhibit D-01.040, DVS.0000.0001.6527); T Varker and others, *ADF members and ex-members suicide literature review: An update*, commissioned by the Royal Commission into Defence and Veteran Suicide, October 2023, p 47 (Exhibit L-01.026, DVS.2222.0001.0531).
- 73 Exhibit B-01.013, Department of Defence, Response to Notice to Give, NTG-DEF-021, DEF.9999.0007.0026 at 0033–0035 [21].
- 74 Transcript, Barbara Courtney, Hearing Block 12, 14 March 2024, p 92-9286 [5–29]; Transcript, Mark Hammond, Hearing Block 12, 14 March 2024, p 92-9192 [6–17]; Transcript, Robert Chipman, Hearing Block 12, 13 March 2024, pp 91-9176 [46]–91-9177 [9]; Transcript, Simon Stuart, Hearing Block 12, 22 March 2024, p 98-9945 [22–36].
- 75 United States Department of Defense, *Annual Report on Suicide in the Military Calendar Year 2022, 2023*, p 3 (DVS.3333.0001.0801).
- 76 United States Department of Defense, *Annual Report on Suicide in the Military Calendar Year 2022, 2023*, p 3 (DVS.3333.0001.0801).
- 77 United States Department of Defense, *Calendar Year 2019 Annual Report, Department of Defence Suicide Event Report*, March 2021, pp 1, 66–67 (Exhibit B-01.029, STU.0006.0001.3363).
- 78 Exhibit 18-02.002, Hearing Block 3, Australian Institute of Health and Welfare, Response to Notice to Give, NTG-AHW-001, AHW.9999.0001.0001 at 0008 [5].
- 79 Department of Veterans' Affairs, *Annual Report 2022–23*, October 2023, p 6 (Exhibit 93-02.018, Hearing Block 12, DVS.0011.0001.0950); Exhibit 22-05.18, Hearing Block 3, Department of Veterans' Affairs, Response to Notice to Produce, NTP-DVA-003, DVA Annual Report 2019–2020, DVA.5007.0001.0884 at 0891.
- 80 Exhibit L-01.009, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-001, DVA.9999.0001.0001 at 0007 [1.44].
- 81 Exhibit K-01.023, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-052C, DVA.9999.0055.0001 at 0001 [1.3].
- 82 Exhibit K-01.023, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-052C, DVA.9999.0055.0001 at 0001–0002 [1.4, 1.6].
- 83 Exhibit K-01.023, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-052C, DVA.9999.0055.0001 at 0002 [1.9–1.10].
- 84 Exhibit 90-02.085, Hearing Block 12, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-169, DVA.9999.0147.0001 at 0001 [1.1].
- 85 Exhibit 90-02.085, Hearing Block 12, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-169, DVA.9999.0147.0001 at 0002 [1.2].
- 86 Exhibit L-01.009, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-001, DVA.9999.0001.0001 at 0007 [1.43].
- 87 Exhibit 90-02.085, Hearing Block 12, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-169, DVA.9999.0147.0001 at 0002 [1.1].

- 88 Exhibit ZZ-03.006, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-177, DVA.9999.0167.0003 at 0003 [1.1, 1.3], 0007 [3.8].
- 89 Exhibit 101-03.096, Hearing Block 12, Department of Veterans' Affairs, Response to Notice to Produce, NTP-DVA-134, MATES Program Evaluation, DVA.0054.0001.0001 at 0033 [Table 3.1]; Exhibit 101-03.098, Hearing Block 12, Department of Veterans' Affairs, Response to Notice to Produce, NTP-DVA-012, Veterans' MATES 2019 Report, DVA.5010.0002.5293 at 5297; Exhibit ZZ-03.006, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-177, DVA.9999.0167.0003 at 0019 [14.3].
- 90 Exhibit ZZ-03.006, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-177, DVA.9999.0167.0003 at 0007 [3.8–3.9].
- 91 Exhibit ZZ-03.006, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-177, DVA.9999.0167.0003 at 0007 [3.8].
- 92 Australian Information Commissioner, 'ADJ' and The Secretary to the Department of Veterans' Affairs (Privacy) [2023] AICmr 29 (26 April 2023).
- 93 Exhibit ZZ-03.006, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-177, DVA.9999.0167.0003 at 0019 [12.1].
- 94 Exhibit N-01.024, Department of Veterans' Affairs, Response to Notice to Produce, NTP-DVA-134-04, E016/007 Withdrawal of ethics approval, DVA.5084.0001.0375 at 0375.
- 95 Exhibit ZZ-03.006, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-177, DVA.9999.0167.0003 at 0004 [2.2].
- 96 Exhibit 101-03.096, Hearing Block 12, Department of Veterans' Affairs, Response to Notice to Produce, NTP-DVA-134, MATES Program Evaluation, DVA.0054.0001.0001 at 0033 [Table 3.1]; Exhibit 101-03.098, Hearing Block 12, Department of Veterans' Affairs, Response to Notice to Produce, NTP-DVA-012, Veterans' MATES 2019 Report, DVA.5010.0002.5293 at 5297.
- 97 Exhibit ZZ-03.006, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-177, DVA.9999.0167.0003 at 0004 [2.2].
- 98 Exhibit ZZ-03.006, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-177, DVA.9999.0167.0003 at 0012 [5.9–5.10].
- 99 Exhibit ZZ-03.006, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-177, DVA.9999.0167.0003 at 0013 [5.13].
- 100 Exhibit ZZ-03.006, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-177, DVA.9999.0167.0003 at 0013 [15.15]–0014 [15.17].
- 101 Exhibit 101-03.025, Hearing Block 12, Department of Veterans' Affairs, Response to Notice to Produce, NTP-DVA-134, E017/006 Veterans' Medicines Advice and Therapeutics Education Services, DVA.5084.0001.0033 at 0034; Exhibit 101-03.026, Hearing Block 12, Department of Veterans' Affairs, Response to Notice to Produce, NTP-DVA-134, DDVA Veterans' MATES Ethics Response, DVA.5084.0001.0050 at 0058; Exhibit N-01.029, Department of Veterans' Affairs, Response to Notice to Produce, NTP-DVA-141-03, DDVA HREC Meeting Minutes October 2023, DVA.5086.0001.0715 at 0726 [29–30], 0727 [34].
- 102 Exhibit N-01.027, Department of Veterans' Affairs, Response to Notice to Produce, NTP-DVA-141-03, E016/007 Extension of ethical approval, DVA.0059.0001.0037 at 0037–0038.
- 103 Exhibit 101-03.097, Hearing Block 12, Department of Veterans' Affairs, Response to Notice to Produce, NTP-DVA-134, EC23-001095, DVA.0054.0002.0003 at 0003.
- 104 Exhibit ZZ-03.006, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-177, DVA.9999.0167.0003 at 0019 [12.2]; PFLR-34 (Veterans MATES Program, Commonwealth response), PFL.0033.0002.0210 at 0218.
- 105 Exhibit N-01.026, Department of Veterans' Affairs, Response to Notice to Produce, NTP-DVA-141-02, Proposal for Non-Departmental Research, DVA.5086.0002.0596 at 0606. PFLR-34 (Veterans MATES Program, Commonwealth response), PFL.0033.0002.0210 at 0218.
- 106 Exhibit ZZ-01.005, Department of Veterans' Affairs, Voluntary Submission to the Royal Commission into Defence and Veteran Suicide, June 2024, DVS.7777.0001.0012 at 0051 [9.12], 0052 [9.23].
- 107 *Australian Institute of Health and Welfare Act 1987* (Cth) s 5 (1).
- 108 Philip Morris, Submission, ANON-Z1E7-QERF-N, p [2].
- 109 Exhibit B-01.010, Australian Institute of Health and Welfare, Response to Notice to Give, NTG-AHW-002, AHW.9999.0002.0001 at 0004 [3].

- 110 Transcript, Louise Gates, Hearing Block 3, 9 March 2022, pp 18-1631 [44]–18-1632 [5]; Exhibit B-01.014, Department of Defence, Response to Notice to Give, NTG-DEF-018, DEF.9999.0010.0008 at 0038 [114]; PFLR-1.1 (Data, Commonwealth response), PFL.0033.0002.0001 at 0007.
- 111 Exhibit B-01.010, Australian Institute of Health and Welfare, Response to Notice to Give, NTG-AHW-002, AHW.9999.0002.0001 at 0008 [4].
- 112 PFLR-1.1 (Data, Commonwealth response), PFL.0033.0002.0001 at 0041.
- 113 PFLR-1.1 (Data, Commonwealth response), PFL.0033.0002.0001 at 0041.
- 114 Transcript, Veronica Hancock, Hearing Block 3, 15 March 2022, p 21-1945 [6–9].
- 115 Transcript, Louise Gates, Hearing Block 3, 9 March 2022, pp 18-1654 [9]–18-1655 [4].
- 116 Transcript, Louise Gates, Hearing Block 3, 9 March 2022, p 18-1654 [14–28].
- 117 A Flego and others, *Suicide and self-harm monitoring of the serving and ex-serving Australian Defence Force member population – Part 1: The data landscape and short-term opportunities*, commissioned by the Royal Commission into Defence and Veteran Suicide, June 2022, p 12 (Exhibit D-01.040, DVS.0000.0001.6527); World Health Organization, *Practice manual for establishing and maintaining surveillance systems for suicide attempts and self-harm*, 2016, p 54 (Exhibit B-01.025, STU.0006.0001.3596).
- 118 World Health Organization, *National suicide prevention strategies*, 2018, p iv (Exhibit K-01.140, DVS.2222.0001.3897).
- 119 PFLR-1.1 (Data, Commonwealth response), PFL.0033.0002.0001 at 0002.
- 120 PFLR-1.1 (Data, Commonwealth response), PFL.0033.0002.0001 at 0002.
- 121 PFLR-1.1 (Data, Commonwealth response), PFL.0033.0002.0001 at 0002.
- 122 D Dunt and others, *Suicide and suicidality monitoring of the serving and ex-serving Australian Defence Force member population – Part 2: A roadmap to real-time suicide and suicidality monitoring*, commissioned by the Royal Commission into Defence and Veteran Suicide, March 2023, p 24 (Exhibit K-01.050, DVS.2222.0001.1257).
- 123 L Roberts and others, *Feasibility Study for Identifying Suicide Clusters Using Real-time Coronal Data*, September 2023, p 5, 26 [www.aihw.gov.au/getmedia/93989698-76aa-47bb-ab6e-9d3d68017275/suicide-clusters-report.pdf] (Exhibit K-01.141, DVS.2222.0001.3971).
- 124 D Dunt and others, *Suicide and suicidality monitoring of the serving and ex-serving Australian Defence Force member population – Part 2: A roadmap to real-time suicide and suicidality monitoring*, commissioned by the Royal Commission into Defence and Veteran Suicide, March 2023, p 7 (Exhibit K-01.050, DVS.2222.0001.1257).
- 125 D Dunt and others, *Suicide and suicidality monitoring of the serving and ex-serving Australian Defence Force member population – Part 2: A roadmap to real-time suicide and suicidality monitoring*, commissioned by the Royal Commission into Defence and Veteran Suicide, March 2023, p 7 (Exhibit K-01.050, DVS.2222.0001.1257).
- 126 L Roberts and others, *Feasibility Study for Identifying Suicide Clusters Using Real-time Coronal Data*, September 2023, p 26 (Exhibit K-01.141, DVS.2222.0001.3971).
- 127 L Roberts and others, *Feasibility Study for Identifying Suicide Clusters Using Real-time Coronal Data*, September 2023, p 29 (Exhibit K-01.141, DVS.2222.0001.3971).
- 128 Transcript, Richard Marles, Hearing Block 12, 7 March 2024, pp 89-8882 [46]–89-8883 [42].
- 129 Royal Commission into Defence and Veteran Suicide, *Interim Report*, August 2022, p 85; Australian Bureau of Statistics, 'Causes of Death, Australia methodology, 2020', webpage, last updated 29 September 2021, www.abs.gov.au/methodologies/causes-death-australia-methodology/2020, viewed 14 July 2022 (Exhibit 18-04.004, Hearing Block 3, STU.0000.0002.5142); Transcript, Lauren Moran, Hearing Block 3, 9 March 2022, p 18-1598 [16–31]; D Studdert and others, 'Duration of death investigations that proceed to inquest in Australia', *Injury Prevention*, vol 22, 2016, p 314 (Exhibit B-01.023, AWW.0000.0001.0697).
- 130 D Dunt and others, *Suicide and suicidality monitoring of the serving and ex-serving Australian Defence Force member population – Part 2: A roadmap to real-time suicide and suicidality monitoring*, commissioned by the Royal Commission into Defence and Veteran Suicide, March 2023, p 5 (Exhibit K-01.050, DVS.2222.0001.1257).
- 131 D Dunt and others, *Suicide and suicidality monitoring of the serving and ex-serving Australian Defence Force member population – Part 2: A roadmap to real-time suicide and suicidality monitoring*, commissioned by the Royal Commission into Defence and Veteran Suicide, March 2023, pp 16–19, 28–29 (Exhibit K-01.050, DVS.2222.0001.1257).
- 132 Exhibit K-01.002, New South Wales Ministry of Health, Response to Notice to Give, NTG-NSH-002, NSH.0002.0001.0001 at 0001 [1]; Exhibit K-01.004, Coroners Court of

- Victoria, Response to Notice to Give, NTG-CCV-001, CCV.0004.0001.0003 at 0006 [1]; Exhibit K-01.021, Queensland Mental Health Commission, Response to Notice to Give, NTG-QLD-001, QLD.0001.0001.0004 at 0004 [1]; Exhibit K-01.006, South Australia Health, Response to Notice to Give, NTG-SAH-005, SAH.0005.0001.0001 at 0002 [1]; Exhibit K-01.008, Western Australian Mental Health Commission, Response to Notice to Give, NTG-WHC-002-01, WHC.0002.0001.0002 at 0002 [1]; Exhibit K-01.012, Tasmanian Department of Premier and Cabinet, Response to Notice to Give, NTG-TSP-002, TSP.0000.0001.0003 at 0003 [1–2]; Exhibit 90-02.048, Hearing Block 12, Northern Territory Department of the Attorney-General and Justice, Response to Notice to Give, NTG-NTA-003, NTA.0000.0001.0879 at 0879 [1]; Exhibit K-01.017, Australian Capital Territory Treasury and Economic Development Directorate, Response to Notice to Give, NTG-ACE-001, ACE.0000.0001.0001 at 0001 [1].
- 133 Australian Institute of Health and Welfare, ‘Suicide registers’, webpage, last updated 15 April 2024, www.aihw.gov.au/suicide-self-harm-monitoring/data/suspected-deaths-by-suicide, viewed 29 November 2023 (Exhibit K-01.142, DVS.2222.0001.4002).
- 134 Coroners Court of Victoria, *Monthly Suicide Data Report – September 2023*, October 2023, (Exhibit 90-02.057, Hearing Block 12, DVS.2222.0001.2551).
- 135 Exhibit 18-02.002, Hearing Block 3, Australian Institute of Health and Welfare, Response to Notice to Give, NTG-AHW-001, AHW.9999.0001.0001 at 0030–0033 [16].
- 136 Exhibit K-01.002, New South Wales Ministry of Health, Response to Notice to Give, NTG-NSH-002, NSH.0002.0001.0001 at 0001 [1]; Exhibit K-01.004, Coroners Court of Victoria, Response to Notice to Give, NTG-CCV-001, CCV.0004.0001.0003 at 0006 [1]; Exhibit K-01.021, Queensland Mental Health Commission, Response to Notice to Give, NTG-QLD-001, QLD.0001.0001.0004 at 0004 [1]; Exhibit K-01.006, South Australia Health, Response to Notice to Give, NTG-SAH-005, SAH.0005.0001.0001 at 0002 [1]; Exhibit K-01.008, Western Australian Mental Health Commission, Response to Notice to Give, NTG-WHC-002-01, WHC.0002.0001.0002 at 0002 [1–2]; Exhibit K-01.012, Tasmanian Department of Premier and Cabinet, Response to Notice to Give, NTG-TSP-002, TSP.0000.0001.0003 at 0003 [1–2]; Exhibit 90-02.048, Hearing Block 12, Northern Territory Department of the Attorney-General and Justice, Response to Notice to Give, NTG-NTA-003, NTA.0000.0001.0879 at 0879 [1]; Exhibit K-01.017, Australian Capital Territory Treasury and Economic Development Directorate, Response to Notice to Give, NTG-ACE-001, ACE.0000.0001.0001 at 0001 [1].
- 137 Exhibit K-01.008, Western Australian Mental Health Commission, Response to Notice to Give, NTG-WHC-002-1, WHC.0002.0001.0002 at 0002 [2].
- 138 Exhibit B-01.010, Australian Institute of Health and Welfare, Response to Notice to Give, NTG-AHW-002, AHW.9999.0002.0001 at 0030–0031 [16b]; Exhibit K-01.008, Western Australian Mental Health Commission, Response to Notice to Give, NTG-WHC-002-1, WHC.0002.0001.0002 at 0002 [2].
- 139 Exhibit 18-02.002, Hearing Block 3, Australian Institute of Health and Welfare, Response to Notice to Give, NTG-AHW-001, AHW.9999.0001.0001 at 0030 [16a].
- 140 Exhibit 18-02.002, Hearing Block 3, Australian Institute of Health and Welfare, Response to Notice to Give, NTG-AHW-001, AHW.9999.0001.0001 at 0012–0013 [7].
- 141 Exhibit 18-02.002, Hearing Block 3, Australian Institute of Health and Welfare, Response to Notice to Give, NTG-AHW-001, AHW.9999.0001.0001 at 0029 [16].
- 142 Exhibit K-01.004, Coroners Court of Victoria, Response to Notice to Give, NTG-CCV-001, CCV.0004.0001.0003 at 0007 [3.1]; Exhibit K-01.006, South Australia Health, Response to Notice to Give, NTG-SAH-005, SAH.0005.0001.0001 at 0003 [3b]; Exhibit K-01.012, Tasmanian Department of Premier and Cabinet, Response to Notice to Give, NTG-TSP-002, TSP.0000.0001.0003 at 0003 [3b], Exhibit K-01.017, Australian Capital Territory Treasury and Economic Development Directorate, Response to Notice to Give, NTG-ACE-001, ACE.0000.0001.0001 at 0002 [3b].
- 143 Exhibit B-01.010, Australian Institute of Health and Welfare, Response to Notice to Give, NTG-AHW-002, AHW.9999.0002.0001 at 0040 [33].
- 144 Exhibit 18-02.002, Hearing Block 3, Australian Institute of Health and Welfare, Response to Notice to Give, NTG-AHW-001, AHW.9999.0001.0001 at 0036–0037 [19–21].
- 145 Exhibit 18-02.002, Hearing Block 3, Australian Institute of Health and Welfare, Response to Notice to Give, NTG-AHW-001, AHW.9999.0001.0001 at 0034 [17].

- 146 Exhibit 75-04.012, Hearing Block 10, Australian Institute of Health and Welfare, Response to Notice to Give, NTG-AHW-005, DEF.9999.0066.0071 at 0091 [14].
- 147 Exhibit K-01.002, New South Wales Ministry of Health, Response to Notice to Give, NTG-NSH-002, NSH.0002.0001.0001 at 0004 [4a]; Exhibit K-01.005, State of Victoria, Response to Notice to Give, NTG-VIC-005, VIC.0005.0001.0001 at 0007 [1a]; Exhibit K-01.019, Queensland Health, Response to Notice to Give, NTG-QLD-001, QLD.0001.0001.0003 at 0003 [4]; Exhibit N-01.014, St John Ambulance Western Australia, Response to Notice to Give, NTG-WSJ-001, WSJ.0000.0001.0003 at 0003 [1a]; Exhibit K-01.012, Tasmanian Department of Premier and Cabinet, Response to Notice to Give, NTG-TSP-002, TSP.0000.0001.0003 at 0004 [4b]; Exhibit K-01.016, St John Ambulance Northern Territory, NSJ.0000.0001.0001 at 0001 [1a]; Exhibit K-01.017, Australian Capital Territory Treasury and Economic Development Directorate, Response to Notice to Give, NTG-ACE-001, ACE.0000.0001.0001 at 0004 [4a]; Exhibit 75-04.012, Hearing Block 10, Australian Institute of Health and Welfare, Response to Notice to Give, NTG-AHW-005, DEF.9999.0066.0071 at 0091 [14].
- 148 PFLR-1.1 (Data, Commonwealth response), PFL.0033.0002.0001 at 0046.
- 149 Exhibit 18-02.002, Hearing Block 3, Australian Institute of Health and Welfare, Response to Notice to Give, NTG-AHW-001, AHW.9999.0001.0001 at 0032–0033 [16].
- 150 PFLR-1.1 (Data, Commonwealth response), PFL.0033.0002.0001 at 0044.
- 151 Exhibit 18-02.002, Hearing Block 3, Australian Institute of Health and Welfare, Response to Notice to Give, NTG-AHW-001, AHW.9999.0001.0001 at 0030 [16].
- 152 C Meurk and others, *Understanding and enhancing responses to suicide crises involving current serving and ex-serving members of the Australian Defence Force (ADF)*, commissioned by the Royal Commission into Defence and Veteran Suicide, April 2024, p 10 (Exhibit 101-03.023, Hearing Block 12, DVS.0012.0001.2838).
- 153 C Meurk and others, *Understanding and enhancing responses to suicide crises involving current serving and ex-serving members of the Australian Defence Force (ADF)*, commissioned by the Royal Commission into Defence and Veteran Suicide, April 2024, p 11 (Exhibit 101-03.023, Hearing Block 12, DVS.0012.0001.2838).
- 154 Exhibit 18-02.002, Hearing Block 3, Australian Institute of Health and Welfare, Response to Notice to Give, NTG-AHW-001, AHW.9999.0001.0001 at 0031 [16]; Exhibit K-01.008, Western Australian Mental Health Commission, Response to Notice to Give, NTG-WHC-002-1, WHC.0002.0001.0002 at 0002 [2b]; Exhibit K-01.017, Australian Capital Territory Treasury and Economic Development Directorate, Response to Notice to Give, NTG-ACE-001, ACE.0000.0001.0001 at 0003 [3d].
- 155 Exhibit K-01.002, New South Wales Ministry of Health, Response to Notice to Give, NTG-NSH-002, NSH.0002.0001.0001 at 0002 [3d]; Exhibit K-01.006, South Australia Health, Response to Notice to Give, NTG-SAH-005, SAH.0005.0001.0001 at 0003 [3d].
- 156 Exhibit K-01.004, Coroners Court of Victoria, NTG-CCV-001, CCV.0004.0001.0003 at 0010 [3.3]; Exhibit K-01.021, Queensland Mental Health Commission, Response to Notice to Give, NTG-QLD-001, QLD.0001.0001.0004 at 0006 [3d].
- 157 Exhibit K-01.002, New South Wales Ministry of Health, Response to Notice to Give, NTG-NSH-002, NSH.0002.0001.0001 at 0004–0006 [4d]; Exhibit K-01.005, State of Victoria, Response to Notice to Give, NTG-VIC-005, VIC.0005.0001.0001 at 0008–0009 [1d]; Exhibit K-01.006, South Australia Health, Response to Notice to Give, NTG-SAH-005, SAH.0005.0001.0001 at 0004–0005 [4d]; Exhibit 90-02.053, Hearing Block 12, Tasmanian Department of Premier and Cabinet, Response to Notice to Give, NTG-TSP-003, TSP.0000.0001.0006 at 0007 [1b].
- 158 Australian Institute of Health and Welfare, ‘Suicide registers’, last updated 15 April 2024, webpage, www.aihw.gov.au/suicide-self-harm-monitoring/data/suspected-deaths-by-suicide, viewed 29 November 2023 (Exhibit K-01.142, DVS.2222.0001.4002).
- 159 Australian Institute of Health and Welfare, ‘Suicide registers’, last updated 15 April 2024, webpage, www.aihw.gov.au/suicide-self-harm-monitoring/data/suspected-deaths-by-suicide, viewed 29 November 2023 (Exhibit K-01.142, DVS.2222.0001.4002).
- 160 Australian Bureau of Statistics, ‘Five Safes framework’, 8 November 2021, webpage, www.abs.gov.au/about/data-services/data-confidentiality-guide/five-safes-framework, viewed 29 November 2023 (Exhibit K-01.144, DVS.2222.0001.4009).

- 161 Australian Institute of Health and Welfare, *Serving and ex-serving Australian Defence Force members: Suicide and select causes of death, 1997 to 2021*, catalogue number PHE 327, 2023, p 21. (Exhibit I-01.002, DVS.2222.0001.5061)
- 162 Exhibit 75-04.012, Hearing Block 10, Australian Institute of Health and Welfare, Response to Notice to Give, NTG-AHW-005, DEF.9999.0066.0071 at 0091 [14].
- 163 Exhibit K-01.006, South Australia Health, Response to Notice to Give, NTG-SAH-005, SAH.0005.0001.0001 at 0004 [4a].
- 164 Exhibit 18-02.002, Hearing Block 3, Australian Institute of Health and Welfare, Response to Notice to Give, NTG-AHW-001, AHW.9999.0001.0001 at 0034 [17].
- 165 Exhibit 75-04.012, Hearing Block 10, Australian Institute of Health and Welfare, Response to Notice to Give, NTG-AHW-005, DEF.9999.0066.0071 at 0074 [3c].
- 166 Exhibit 86-01.003, Hearing Block 12, Department of Finance, Response to Notice to Give, NTG-DFI-003, DFI.9999.0004.0001 at 0003 [1.13].
- 167 Exhibit 101-03.121, Hearing Block 12, New South Wales Ministry of Health, Response to Notice to Give, NTG-NSH-003, NSH.0003.0001.0001 at 0001 [1a]; Exhibit 90-02.054, Hearing Block 12, Coroners Court of Victoria, Response to Notice to Give, NTG-CCV-002, CCV.0004.0001.0012 at 0015 [1a]; Exhibit 90-02.030, Hearing Block 12, Queensland Mental Health Commission, Response to Notice to Give, NTG-QLD-002, QLD.0004.0001.0004 at 0004 [1]; Exhibit 90-02.052, Hearing Block 12, South Australia Health, Response to Notice to Give, NTG-SAH-006, SAH.0006.0001.0001 at 0002 [1a]; Exhibit 90-02.051, Hearing Block 12, Western Australian Mental Health Commission, Response to Notice to Give, NTG-WHC-003-1, WHC.0003.0001.0001 at 0001 [1a]; Exhibit 90-02.053, Hearing Block 12, Tasmanian Department of Premier and Cabinet, Response to Notice to Give, NTG-TSP-003, TSP.0000.0001.0006 at 0006–0007 [1]; Exhibit 90-02.048, Hearing Block 12, Northern Territory Department of the Attorney-General and Justice, Response to Notice to Give, NTG-NTA-003, NTA.0000.0001.0879 at 0879 [2]; Exhibit 90-02.050, Hearing Block 12, Australian Capital Territory Treasury and Economic Development Directorate, Response to Notice to Give, NTG-ACE-002, ACE.0002.0001.0001 at 0002 [1a].
- 168 Exhibit 101-03.121, Hearing Block 12, New South Wales Ministry of Health, Response to Notice to Give, NTG-NSH-003, NSH.0003.0001.0001 at 0002 [1a]; Exhibit 90-02.044, Hearing Block 12, State of Victoria, Response to Notice to Give, NTG-VIC-006, VIC.0006.0001.0001 at 0005–0006 [1a]; Exhibit 90-02.080, Hearing Block 12, Queensland Ambulance Service, Response to Notice to Give, NTG-QLD-002, QLD.0005.0001.0001 at 0001 [1]; Exhibit 90-02.052, Hearing Block 12, South Australia Health, Response to Notice to Give, NTG-SAH-006, SAH.0006.0001.0001 at 0003–0004 [2a, 3a]; Exhibit 90-02.042, Hearing Block 12, Western Australian Department of Health, Response to Notice to Give, NTG-WAH-003, WAH.0003.0001.0001 at 0001 [1a]; Exhibit 90-02.038, Hearing Block 12, St John Ambulance Western Australia, Response to Notice to Give, NTG-WSJ-002, WSJ.0000.0001.0005 at 0005 [1a]; Exhibit 90-02.053, Hearing Block 12, Tasmanian Department of Premier and Cabinet, Response to Notice to Give, NTG-TSP-003, TSP.0000.0001.0006 at 0006–0007 [1a]; Exhibit 90-02.047, Hearing Block 12, Northern Territory Department of Health, Response to Notice to Give, NTG-NTH-003, NTH.0000.0001.0028 at 0028 [1]; Exhibit 90-02.049, Hearing Block 12, St John Ambulance Northern Territory, Response to Notice to Give, NTG-NSJ-002, NSJ.0000.0001.0003 at 0003 [1a].
- 169 Exhibit 101-03.120, Hearing Block 12, New South Wales Police Force, Response to Notice to Give, NTG-NCP-003-1, NCP.0007.0001.0001 at 0001 [1a]; Exhibit 90-02.053, Hearing Block 12, Tasmanian Department of Premier and Cabinet, Response to Notice to Give, NTG-TSP-003, TSP.0000.0001.0006 at 0007 [1a]; Exhibit 90-02.046, Hearing Block 12, Northern Territory Police, Fire and Emergency Services, Response to Notice to Give, NTG-NTP-003, NTP.0000.0001.0022 at 0023 [8].
- 170 Transcript, Counsel Assisting, Hearing Block 1, 29 November 2021, p 1-34 [26–45]; Exhibit 18-02.002, Hearing Block 3, Australian Institute of Health and Welfare, Response to Notice to Give, NTG-AHW-001, AHW.9999.0001.0001 at 0043 [28]; *Australian Institute of Health and Welfare Act 1987* (Cth) s 5 (1).
- 171 Exhibit B-01.009, National Suicide Prevention Office, Response to Notice to Give, NTG-NHC-001, NHC.9999.0001.0001 at 0001 [2].
- 172 Exhibit EE-01.002, Budget 2024–25 Health and Aged Care Portfolio Budget Statements, DVS.4444.0001.0341 at 0354.

- 173 Exhibit 18-02.002, Hearing Block 3, Australian Institute of Health and Welfare, Response to
Notice to Give, NTG-AHW-001, AHW.9999.0001.0001 at 0028 [15].
- 174 Australian Institute of Health and Welfare, 'About the National Suicide and Self-harm
Monitoring Project', webpage, last updated 11 August 2023, www.aihw.gov.au/suicide-self-harm-monitoring/about, viewed 29 November 2023 (Exhibit K-01.127, DVS.2222.0001.3432).
- 175 Department of Social Services, National Disability Data Asset, 'About', webpage, www.ndda.gov.au/about, viewed 30 November 2023 (Exhibit K-01.130, DVS.2222.0001.3460).
- 176 Department of Social Services, National Disability Data Asset, *Preliminary summary of analytical findings: Emerging lessons from NDDA pilot*, June 2021, p 3, 7 (Exhibit K-01.093, DVS.2222.0001.1500).
- 177 The Hon Amanda Rishworth MP, Minister for Social Services, *Governments come together to deliver National Disability Data Asset*, media release, 9 June 2023 (Exhibit K-01.095, DVS.2222.0001.1526).
- 178 Exhibit 90-02.001, Hearing Block 12, National Disability Data Asset, Presentation to the National Disability Strategy Working Group, September 2020, DVS.3333.0001.1039 at 1045–1046.
- 179 Exhibit K-01.046, Department of Social Services, Response to Notice to Give, NTG-DSO-001, DSO.9999.0001.0001 at 0001 [1].
- 180 Exhibit K-01.046, Department of Social Services, Response to Notice to Give, NTG-DSO-001, DSO.9999.0001.0001 at 0006 [27].
- 181 Exhibit K-01.046, Department of Social Services, Response to Notice to Give, NTG-DSO-001, DSO.9999.0001.0001 at 0001 [3].
- 182 Exhibit K-01.046, Department of Social Services, Response to Notice to Give, NTG-DSO-001, DSO.9999.0001.0001 at 0003 [16, 18].
- 183 Exhibit K-01.046, Department of Social Services, Response to Notice to Give, NTG-DSO-001, DSO.9999.0001.0001 at 0001 [2].
- 184 Exhibit K-01.046, Department of Social Services, Response to Notice to Give, NTG-DSO-001, DSO.9999.0001.0001 at 0007 [34–36].
- 185 Australian Government, *Data and Digital Government Strategy*, p 6, 9 (Exhibit 90-02.002, Hearing Block 12, DVS.3333.0001.0873).
- 186 Exhibit 90-02.024, Hearing Block 12, Letter to Royal Commission from the Department of Veterans' Affairs, 22 December 2023, DVS.3333.0001.0739 at 0759 [5.20].
- 187 Exhibit 101-03.015, Hearing Block 12, Department of Defence, Response to Notice to Give, NTG-DEF-261, DEF.9999.0189.0001 at 0002 [1.3].
- 188 Exhibit 90-02.043, Hearing Block 12, Australian Institute of Health and Welfare, Response to Notice to Give, NTG-AHW-011, AHW.9999.0005.0042 at 0043 [1].
- 189 Exhibit 101-03.015, Hearing Block 12, Department of Defence, Response to Notice to Give, NTG-DEF-261, DEF.9999.0189.0001 at 0005–0006 [23].
- 190 Exhibit 65-01.028, Hearing Block 9, Department of Defence, Response to Notice to Give, NTG-DEF-097A, DEF.9999.0062.0044 at 0068 [63].
- 191 Exhibit 65-01.028, Hearing Block 9, Department of Defence, Response to Notice to Give, NTG-DEF-097A, DEF.9999.0062.0044 at 0068 [63].
- 192 Exhibit 65-01.028, Hearing Block 9, Department of Defence, Response to Notice to Give, NTG-DEF-097A, DEF.9999.0062.0044 at 0074 [94].
- 193 Exhibit 73-01.052, Hearing Block 10, Department of Defence, Response to Notice to Produce, NTP-DEF-167, DSAS Implementation Roadmap, DEF.1167.0004.0486 at 0507, 0507.
- 194 Exhibit 73-01.052, Hearing Block 10, Department of Defence, Response to Notice to Produce, NTP-DEF-167, DSAS Implementation Roadmap, DEF.1167.0004.0486 at 0495.
- 195 Exhibit 65-01.028, Hearing Block 9, Department of Defence, Response to Notice to Give, NTG-DEF-097A, DEF.9999.0062.0044 at 0071 [78].
- 196 Exhibit 95-01.037, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTP-DEF-233A-02, Stage 3 Project Report, DEF.1233.0002.1275 at 1290, 1300.
- 197 Exhibit 95-01.036, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTP-DEF-233A-02, DPC Paper – DSAS and PLW Update, DEF.1233.0002.0972 at 0974 [25]; Exhibit 95-01.034, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTP-DEF-233A-02, DPC Paper – DSAS and PLW, DEF.1233.0002.1182 at 1186 [36].
- 198 Exhibit 95-01.037, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTP-DEF-233A-02, Stage 3 Project Report, DEF.1233.0002.1275 at 1278.

199 Exhibit 101-03.085, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTP-DEF-233A-02, DSAS Stage Three Interim Report, DEF.1233.0002.1096 at 1111.

200 Exhibit 89-02.016, Hearing Block 12, Department of Defence, Response to Notice to Give, NTG-DEF-163, DEF.9999.0135.0050 at 0545 [Recommendation 10.3].

201 Transcript, John Love, Hearing Block 12, 19 March 2024, p 95-9595 [12–15], 95-9596 [39–42].

202 Exhibit 101-03.015, Hearing Block 12, Department of Defence, Response to Notice to Give, NTG-DEF-261, DEF.9999.0189.0001 at 0004 [14].

203 Exhibit 101-03.015, Hearing Block 12, Department of Defence, Response to Notice to Give, NTG-DEF-261, DEF.9999.0189.0001 at 0005 [18, 21, 22].

204 Exhibit 101-03.015, Hearing Block 12, Department of Defence, Response to Notice to Give, NTG-DEF-261, DEF.9999.0189.0001 at 0002 [7], 0007 [Table 3.1(c)], 0010 [29].

205 Exhibit N-01.009, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-170, DVA.9999.0157.0001 at 0012 [4.1].

206 Exhibit N-01.009, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-170, DVA.9999.0157.0001 at 0005 [1.7].

207 Exhibit N-01.009, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-170, DVA.9999.0157.0001 at 0012 [4.3–4.4].

208 Exhibit N-01.009, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-170, DVA.9999.0157.0001 at 0011 [3.5–3.9].

209 Exhibit N-01.009, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-170, DVA.9999.0157.0001 at 0011 [3.6–3.7].

210 Exhibit N-01.009, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-170, DVA.9999.0157.0001 at 0004–0009 [1.5–1.26].

211 Exhibit 18-02.002, Hearing Block 3, Australian Institute of Health and Welfare, Response to Notice to Give, NTG-AHW-001, AHW.9999.0001.0001 at 0041 [26].

212 Exhibit K-01.046, Department of Social Services, Response to Notice to Give, NTG-DSO-001, DSO.9999.0001.0001 at 0002–0003 [15, 19].

213 World Health Organization, *An implementation guide for suicide prevention in countries*, 2021, p xi (Exhibit 08-01.007, Hearing Block 1, EXP.0001.0013.0053).

214 Transcript, Gregory Vines, Hearing Block 12, 22 March 2024, p 98-10029 [7–23].

215 Exhibit 90-02.024, Hearing Block 12, Letter to Royal Commission from the Department of Veterans' Affairs, 22 December 2023, DVS.3333.0001.0739 at 0759 [5.21–5.22]; Exhibit 101-03.015, Hearing Block 12, Department of Defence, Response to Notice to Give, NTG-DEF-261, DEF.9999.0189.0001 at 0004 [13].

216 World Health Organization, *An implementation guide for suicide prevention in countries*, 2021, p 49–50 (Exhibit 08-01.007, Hearing Block 1, EXP.0001.0013.0053).

217 Exhibit 90-02.043, Hearing Block 12, Australian Institute of Health and Welfare, Response to Notice to Give, NTG-AHW-011, AHW.9999.0005.0042 at 0045–0046 [3], 0049 [4].

218 Exhibit K-01.146, Department of Defence, Response to Notice to Produce, NTP-DEF-033, University of Canberra Interim Evaluation Report March 2021, DEF.1033.0002.0394 at 0407; Transcript, Megan MacKenzie, Hearing Block 3, 8 March 2022, p 17-1503 [26–34]; Australian Human Rights Commission, Response to Notice to Give, NTG-AHR-001, AHR.9999.0002.0004 at 0005 [14]; Exhibit K-01.034, Ellie Lawrence-Wood, Response to Notice to Give, NTG-ELA-001, ELA.0000.0001.0447 at 0449 [2a], 0451 [2d, e], 0453–0454 [2h].

219 *Royal Commissions Act 1902* (Cth) s 2.

220 Exhibit 35-02.002, Hearing Block 5, Department of Defence, Response to Notice to Give, NTG-ACA-001, DEF.9999.0011.0344 at 0532 [717]; Exhibit 90-02.061, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTP-DEF-288, Joint Directive 11/2023, DEF.1288.0001.0169 at 0170 [6].

221 Exhibit N-01.015, Royal Commission into Defence and Veteran Suicide, Notice to Produce, NTP.DEF.006A.0001 at 0001; Exhibit 90-02.008, Hearing Block 12, Royal Commission into Defence and Veteran Suicide, Notice to Produce, NTP.DEF.006B-1.0001 at 0001.

222 Exhibit 90-02.004, Hearing Block 12, Department of Defence, Response to Notice to Give, NTG-DEF-181A, DEF.9999.0151.0136 at 0177 [98]; Exhibit B-01.014, Department of Defence, Response to Notice to Give, NTG-DEF-018, DEF.9999.0010.0008 at 0030 [75]; Australian Institute of Health and Welfare, *Final report to the Independent Review of Past Defence*

- and Veteran Suicides*, 2021, pp 81–82 [Table B.1] (Exhibit 01-01.14, Hearing Block 1, INQ.0000.0001.1353).
- 223 Exhibit 101-03.101, Hearing Block 12, Letter from the Royal Commission to the Australian Government Solicitor, 6 June 2023, DVS.0010.0001.0289 at 0289 [4].
- 224 Exhibit 90-02.007, Hearing Block 12, Letter from the Royal Commission to the Australian Government Solicitor, 12 November 2021, DVS.3333.0001.0771 at 0772.
- 225 PFLR-23.2 (Data tranche 2, Commonwealth response), PFL.0033.0002.0220 at 0242.
- 226 Exhibit 90-02.007, Hearing Block 12, Letter from the Royal Commission to the Australian Government Solicitor, 12 November 2021, DVS.3333.0001.0771 at 0771; PFLR-23.2 (Data tranche 2, Commonwealth response), PFL.0033.0002.0220 at 0247.
- 227 Exhibit 35-04.001, Hearing Block 5, Department of Defence, Response to Notice to Give, NTG-DEF-001, DEF.9999.0008.0055 at 0072 [88].
- 228 Exhibit 101-03.115, Hearing Block 12, Letter from the Royal Commission to the Australian Government Solicitor, 24 February 2022, DVS.0012.0001.2400 at 2402; Exhibit 101-03.116, Hearing Block 12, Correspondence from the Royal Commission to the Australian Government Solicitor, 22 December 2021, DVS.0012.0001.2407 at 2407; Exhibit 90-02.008, Hearing Block 12, Royal Commission into Defence and Veteran Suicide, Notice to Produce, NTP-DEF.006B-1.0001 at 0001.
- 229 Exhibit 90-02.004, Hearing Block 12, Department of Defence, Response to Notice to Give, NTG-DEF-181A, DEF.9999.0151.0136 at 0196 [139].
- 230 Exhibit 101-03.104, Hearing Block 12, Letter from the Royal Commission to the Australian Government Solicitor, 29 June 2023, DVS.0012.0001.2071 at 2071 [4].
- 231 Exhibit 101-03.107, Hearing Block 12, Correspondence from the Royal Commission to the Australian Government Solicitor, 30 August 2023, DVS.0012.0001.2080 at 2080; Exhibit 101-03.114, Hearing Block 12, Correspondence from the Royal Commission to the Australian Government Solicitor, 1 August 2023, DVS.0012.0001.2215 at 2215; Exhibit 101-03.108, Hearing Block 12, Royal Commission into Defence and Veteran Suicide, Notice to Produce, NTP-DEF-273, DVS.0012.0001.2081 at 2081; Exhibit 101-03.109, Hearing Block 12, Royal Commission into Defence and Veteran Suicide, Notice to Produce, NTP-DEF-229-1, DVS.0012.0001.2139 at 2139.
- 232 Exhibit 101-03.117, Hearing Block 12, Correspondence to the Royal Commission from the Australian Government Solicitor, 21 August 2023, DVS.0012.0001.2434 at 2434; Exhibit 101-03.118, Hearing Block 12, Correspondence to the Royal Commission from the Australian Government Solicitor, 6 September 2023, DVS.0012.0001.2448 at 2448; Exhibit 90-02.007, Hearing Block 12, Letter from the Royal Commission to the Australian Government Solicitor, 12 November 2021, DVS.3333.0001.0771 at 0771.
- 233 Exhibit K-01.146, Department of Defence, Response to Notice to Produce, NTP-DEF-033, University of Canberra Interim Evaluation Report March 2021, DEF.1033.0002.0394 at 0451.
- 234 Exhibit N-01.015, Royal Commission into Defence and Veteran Suicide, Notice to Produce, NTP-DEF-006A, NTP-DEF.006A.0001 at 0001.
- 235 Exhibit 90-02.004, Hearing Block 12, Department of Defence, Response to Notice to Give, NTG-DEF-181A, DEF.9999.0151.0136 at 0180 [110].
- 236 Exhibit 90-02.004, Hearing Block 12, Department of Defence, Response to Notice to Give, NTG-DEF-181A, DEF.9999.0151.0136 at 0180 [113].
- 237 Exhibit 90-02.004, Hearing Block 12, Department of Defence, Response to Notice to Give, NTG-DEF-181A, DEF.9999.0151.0136 at 0180 [113–114]; Exhibit 90-02.006, Hearing Block 12, Royal Commission into Defence and Veteran Suicide, 28 November 2022 Letter to the Australian Government Solicitor, DVS.3333.0001.0774 at 0775 [6–9].
- 238 Exhibit 90-02.004, Hearing Block 12, Department of Defence, Response to Notice to Give, NTG-DEF-181A, DEF.9999.0151.0136 at 0180 [115].
- 239 Exhibit 90-02.004, Hearing Block 12, Department of Defence, Response to Notice to Give, NTG-DEF-181A, DEF.9999.0151.0136 at 0180 [113–114]; Exhibit 90-02.006, Hearing Block 12, Royal Commission into Defence and Veteran Suicide, 28 November 2022 Letter to the Australian Government Solicitor, DVS.3333.0001.0774 at 0775 [6–9].
- 240 Exhibit 90-02.004, Hearing Block 12, Department of Defence, Response to Notice to Give, NTG-DEF-181A, DEF.9999.0151.0136 at 0180 [111].
- 241 Exhibit 90-02.004, Hearing Block 12, Department of Defence, Response to Notice to Give, NTG-DEF-181A, DEF.9999.0151.0136 at 0180 [115].

- 242 Exhibit 90-02.004, Hearing Block 12, Department of Defence, Response to Notice to Give, NTG-DEF-181A, DEF.9999.0151.0136 at 0180 [115].
- 243 Exhibit N-01.016, Royal Commission into Defence and Veteran Suicide, Notice to Give, NTG-DEF-140, NTG.DEF.140.0001 at 0001; Exhibit N-01.017, Royal Commission into Defence and Veteran Suicide, Notice to Produce, NTP-DEF-180A, NTP.DEF.180.0001 at 0001; Exhibit N-01.018, Royal Commission into Defence and Veteran Suicide, Notice to Produce, NTP.DEF.180B-1.0001 at 0001.
- 244 Exhibit 101-03.102, Hearing Block 12, Letter from the Royal Commission to the Australian Government Solicitor, 31 July 2023, DVS.0012.0001.2067 at 2068 [8].
- 245 Exhibit 101-03.105, Hearing Block 12, Letter from the Royal Commission to the Australian Government Solicitor, 8 May 2023, DVS.0012.0001.2076 at 2076 [1, 4].
- 246 Exhibit N-01.017, Royal Commission into Defence and Veteran Suicide, Notice to Produce, NTP-DEF-180A, NTP.DEF.180.0001 at 0001–0002.
- 247 Exhibit 101-03.102, Hearing Block 12, Letter from the Royal Commission to the Australian Government Solicitor, 31 July 2023, DVS.0012.0001.2067 at 2067 [1–3].
- 248 Exhibit 101-03.112, Hearing Block 12, Correspondence to the Royal Commission from the Australian Government Solicitor, 19 May 2023, DVS.0012.0001.2206 at 2206; Exhibit 101-03.106, Hearing Block 12, Letter to the Royal Commission from the Australian Government Solicitor, 14 June 2023, DVS.0012.0001.2077 at 2077 [2], 2078 [4]; Exhibit 101-03.110, Hearing Block 12, Correspondence to the Royal Commission from the Australian Government Solicitor, 11 July 2023, DVS.0012.0001.2198 at 2198; Exhibit 101-03.111, Hearing Block 12, Correspondence to the Royal Commission from the Australian Government Solicitor, 24 July 2023, DVS.0012.0001.2201 at 2201; Exhibit 101-03.103, Hearing Block 12, Letter to the Royal Commission from the Australian Government Solicitor, 2 August 2023, DVS.0012.0001.2069 at 2070 [6]; Exhibit 101-03.113, Hearing Block 12, Correspondence to the Royal Commission from the Australian Government Solicitor, 30 August 2023, DVS.0012.0001.2209 at 2209.
- 249 Exhibit N-01.018, Royal Commission into Defence and Veteran Suicide, Notice to Produce, NTP-DEF-180B-1, NTP.DEF.180B-1.0001 at 0001; Exhibit 101-03.119, Correspondence to the Royal Commission from the Australian Government Solicitor, 13 September 2023, DVS.0012.0001.2450 at 2450.
- 250 Exhibit 101-03.113, Hearing Block 12, Correspondence to the Royal Commission from the Australian Government Solicitor, 30 August 2023, DVS.0012.0001.2209 at 2209; Exhibit N-01.018, Royal Commission into Defence and Veteran Suicide, Notice to Produce, NTP.DEF.180B-1.0001 at 0001.
- 251 Exhibit 90-02.004, Hearing Block 12, Department of Defence, Response to Notice to Give, NTG-DEF-181A, DEF.9999.0151.0136 at 0180 [110–115]; Exhibit 90-02.004, Hearing Block 12, Department of Defence, Response to Notice to Give, NTG-DEF-181A, DEF.9999.0151.0136 at 0195 [137].
- 252 Exhibit 90-02.004, Hearing Block 12, Department of Defence, Response to Notice to Give, NTG-DEF-181A, DEF.9999.0151.0136 at 0139 [3].
- 253 Exhibit 90-02.006, Hearing Block 12, Letter from the Royal Commission to the Australian Government Solicitor, 28 November 2022, DVS.3333.0001.0774 at 0774 [4].
- 254 Exhibit 90-02.004, Hearing Block 12, Department of Defence, Response to Notice to Give, NTG-DEF-181A, DEF.9999.0151.0136 at 0154 [44].
- 255 Exhibit 90-02.004, Hearing Block 12, Department of Defence, Response to Notice to Give, NTG-DEF-181A, DEF.9999.0151.0136 at 0154 [45].
- 256 Exhibit 90-02.004, Hearing Block 12, Department of Defence, Response to Notice to Give, NTG-DEF-181A, DEF.9999.0151.0136 at 0154 [45].
- 257 Exhibit 90-02.004, Hearing Block 12, Department of Defence, Response to Notice to Give, NTG-DEF-181A, DEF.9999.0151.0136 at 0155 [48].
- 258 Exhibit 90-02.007, Hearing Block 12, Royal Commission into Defence and Veteran Suicide, 12 November 2021 Letter to the Australian Government Solicitor, DVS.3333.0001.0771 at 0771–0773.
- 259 Exhibit 90-02.004, Hearing Block 12, Department of Defence, Response to Notice to Give, NTG-DEF-181A, DEF.9999.0151.0136 at 0155 [48].
- 260 Exhibit 90-02.004, Hearing Block 12, Department of Defence, Response to Notice to Give, NTG-DEF-181A, DEF.9999.0151.0136 at 0192 [131]; Exhibit 90-02.008, Hearing Block 12,

Royal Commission into Defence and Veteran Suicide, Notice to Produce, NTP-DEF-006B-1, NTP.DEF.006B-1.0001.

261 Exhibit 90-02.004, Hearing Block 12, Department of Defence, Response to Notice to Give, NTG-DEF-181A, DEF.9999.0151.0136 at 0197 [142].

262 Exhibit 87-02.007, Hearing Block 12, Department of Defence, Response to Notice to Give, NTG-DEF-210, DEF.9999.0166.0047 at 0048 [Table 1.1].

263 Transcript, Megan MacKenzie, Hearing Block 3, 8 March 2022, p 17-1503 [26–34]; Exhibit F-03.026, Australian Human Rights Commission, Response to Notice to Give, NTG-AHR-001, AHR.9999.0002.0004 at 0005 [14]; Exhibit K-01.034, Ellie Lawrence-Wood, Response to Notice to Give, NTG-ELA-001, ELA.0000.0001.0447 at 0449 [2a], 0451 [2d, 2e], 0453–0454 [2h].

264 Exhibit B-01.014, Department of Defence, Response to Notice to Give, NTG-DEF-018, DEF.9999.0010.0008 at 0010 [3–4].

265 Exhibit K-01.038, Department of Defence, Response to Notice to Give, NTG-DEF-155, DEF.9999.0110.0001 at 0006 [15].

266 Exhibit B-01.014, Department of Defence, Response to Notice to Give, NTG-DEF-018, DEF.9999.0010.0008 at 0013 [9].

267 Exhibit K-01.058, Department of Defence, Response to Notice to Produce, NTP-DEF-136, *Enterprise Data Maturity Assessment: Insights Report*, DEF.1136.0001.1065 at 1085.

268 Exhibit K-01.057, Department of Defence, Response to Notice to Produce, NTP-DEF-200A, Enterprise Data Sharing Framework, DEF.1200.0001.0757 at 0760; Department of Defence, Response to Notice to Produce, NTP-DEF-197A-04, Defence Data Strategy 2021–2023, DEF.1197.0004.0290 at 0323; Exhibit K01.058, Department of Defence, Response to Notice to Produce, NTP-DEF-136, *Enterprise Data Maturity Assessment: Insights Report*, DEF.1136.0001.1065 at 1113.

269 Exhibit K-01.058, Department of Defence, Response to Notice to Produce, NTP-DEF-136, *Enterprise Data Maturity Assessment: Insights Report*, DEF.1136.0001.1065 at 1086, 1113.

270 Exhibit 101-03.085, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTPDEF-233A-02, DSAS Stage Three Interim Report, DEF.1233.0002.1096 at 1130.

271 Exhibit 101-03.085, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTPDEF-233A-02, DSAS Stage Three Interim Report, DEF.1233.0002.1096 at 1122.

272 Exhibit 101-03.091, Department of Defence, Response to Notice to Produce, NTP-DEF-376-02, EI60 – Personnel Data Access and Integration Scoping Paper, DEF.1376.0001.0128 at 0157.

273 Exhibit 18-02.002, Hearing Block 3, Australian Institute of Health and Welfare, Response to Notice to Give, NTG-AHW-001, AHW.9999.0001.0001 at 0026 [13].

274 Exhibit 18-02.002, Hearing Block 3, Australian Institute of Health and Welfare, Response to Notice to Give, NTG-AHW-001, AHW.9999.0001.0001 at 0026 [13].

275 Exhibit B-01.014, Department of Defence, Response to Notice to Give, NTG-DEF-018, DEF.9999.0010.0008 at 0030–0031 [Table 5], 0033 [97–99].

276 PFLR-1.1 (Data, Commonwealth response), PFL.0033.0002.0001 at 0007.

277 Exhibit K-01.034, Ellie Lawrence-Wood, Response to Notice to Give, NTG-ELA-001, ELA.0000.0001.0447 at 0449 [2a], 0451 [2d, e], 0453–0454 [2h].

278 Exhibit K-01.024, Department of Defence, Response to Notice to Give, NTG-DEF-212, DEF.9999.0128.0001 at 0002 [2].

279 Exhibit K-01.056, Ellie Lawrence-Wood, Response to Notice to Give, NTG-ELA-001, ELA.0000.0001.0220 at 0222.

280 Exhibit K-01.038, Department of Defence, Response to Notice to Give, NTG-DEF-155, DEF.9999.0110.0001 at 0007–0008 [21].

281 Exhibit 101-03.015, Hearing Block 12, Department of Defence, Response to Notice to Give, NTGDEF261, DEF.9999.0189.0001 at 0002 [7].

282 Exhibit 90-02.004, Hearing Block 12, Department of Defence, Response to Notice to Give, NTGDEF181A, DEF.9999.0151.0136 at 0177 [98]; Exhibit B-01.014, Department of Defence, Response to Notice to Give, NTG-DEF-018, DEF.9999.0010.0008 at 0030 [Table 5, row 2]; Exhibit 101-03.094, Hearing Block 12, Department of Defence, Response to Notice to Give, NTG-DEF-233, DEF.9999.0148.0047 at 0049 [6–11]; Exhibit 18-02.002, Hearing Block 3, Australian Institute of Health and Welfare, Response to Notice to Give, NTG-AHW-001, AHW.9999.0001.0001 at 0005 [4].

283 National Health and Medical Research Council, *National Statement on Ethical Conduct in Human Research 2023*, p 16 (Exhibit 90-02.023, Hearing Block 12, DVS.3333.0001.1116).

284 *Privacy Act 1988* (Cth) s 16A.

285 National Health and Medical Research Council, *Guidelines under Section 95 of the Privacy Act 1988*, pp 5–6 [3.3] (Exhibit 101-03.029, Hearing Block 12, DVS.0012.0001.3073).

286 Attorney-General's Department, *Privacy Act Review Report*, 2022, p 9 (Exhibit 101-03.031, Hearing Block 12, DVS.0012.0001.3097); Australian Government, *Government Response – Privacy Act Review Report*, p 17 (Exhibit 101-03.032, Hearing Block 12, DVS.0012.0001.3031).

287 Transcript, Greg Moriarty, Hearing Block 12, 26 March 2024, pp 100-10235 [19]–100-10236 [2].

288 Australian Government, *Data and Digital Government Strategy*, p 16 (Exhibit 90-02.002, Hearing Block 12, DVS.3333.0001.0873).

289 Exhibit K-01.057, Department of Defence, Response to Notice to Produce, NTP-DEF-200A, Enterprise Data Sharing Framework, DEF.1200.0001.0757 at 0757.

290 Exhibit K-01.057, Department of Defence, Response to Notice to Produce, NTP-DEF-200A, Enterprise Data Sharing Framework, DEF.1200.0001.0757 at 0763.

291 Exhibit K-01.146, Department of Defence, Response to Notice to Produce, NTP-DEF-033, University of Canberra Interim Evaluation Report March 2021, DEF.1033.0002.0394 at 0407.

292 Exhibit K-01.146, Department of Defence, Response to Notice to Produce, NTP-DEF-033, University of Canberra Interim Evaluation Report March 2021, DEF.1033.0002.0394 at 0413.

293 Exhibit B-01.013, Department of Defence, Response to Notice to Give, NTG-DEF-021, DEF.9999.0007.0026 at 0063 [71].

294 Exhibit 90-02.035, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTPDEF-347-01, Assessment of Population Wide Survey Measures and Data Collection Approaches, DEF.1347.0002.0064 at 0141.

295 PFLR-1.1 (Data, Commonwealth response), PFL.0033.0002.0001 at 0007.

296 *Data Availability and Transparency Act 2022* (Cth) subs 15(1).

297 Exhibit 90-02.034, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTPDEF-347-01, *Implementation Evaluation (RE-AIM) Report*, DEF.1347.0002.0001 at 0058.

298 Exhibit K-01.146, Department of Defence, Response to Notice to Produce, NTP-DEF-033, University of Canberra Interim Evaluation Report March 2021, DEF.1033.0002.0394 at 0407.

299 Exhibit 18-02.002, Hearing Block 3, Australian Institute of Health and Welfare, Response to Notice to Give, NTG-AHW-001, AHW.9999.0001.0001 at 0013 [1]; Exhibit B-01.014, Department of Defence, Response to Notice to Give, NTG-DEF-018, DEF.9999.0010.0008 at 0035–0036 [107].

300 Exhibit B-01.011, Department of Defence, Response to Notice to Give, NTG-DEF-028, DEF.9999.0011.0317 at 0326 [17].

301 Exhibit B-01.014, Department of Defence, Response to Notice to Give, NTG-DEF-018, DEF.9999.0010.0008 at 0035–0036 [107–108].

302 Exhibit B-01.014, Department of Defence, Response to Notice to Give, NTG-DEF-018, DEF.9999.0010.0008 at 0035–0036 [108–109].

303 Exhibit 101-03.015, Hearing Block 12, Department of Defence, Response to Notice to Give, NTGDEF261, DEF.9999.0189.0001 at 0005 [18]; Exhibit N-01.009, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-170, DVA.9999.0157.0001 at 0012 [4.1].

304 Exhibit 90-02.043, Hearing Block 12, Australian Institute of Health and Welfare, Response to Notice to Give, NTG-AHW-011, AHW.9999.0005.0042 at 0043 [1].

305 Exhibit 73-01.051, Hearing Block 10, Department of Defence, Response to Notice to Produce, NTPDEF-197A-04, Defence Data Strategy 2021–2023, DEF.1197.0004.0290 at 0292.

306 Exhibit 73-01.051, Hearing Block 10, Department of Defence, Response to Notice to Produce, NTPDEF-197A-04, Defence Data Strategy 2021–2023, DEF.1197.0004.0290 at 0309.

307 Exhibit K-01.058, Department of Defence, Response to Notice to Produce, NTP-DEF-136, *Enterprise Data Maturity Assessment: Insights Report*, DEF.1136.0001.1065 at 1113, 1116; Exhibit K01.146, Department of Defence, Response to Notice to Produce, NTP-DEF-033, University of Canberra Interim Evaluation Report March 2021, DEF.1033.0002.0394 at 0407, 0412; Exhibit 90-02.034, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTP-DEF-347-01, *Implementation Evaluation (RE-AIM) Report*, DEF.1347.0002.0001 at 0006.

308 Transcript, Matt Keogh, Hearing Block 12, 7 March 2024, p 89-8905 [23–27].

309 Transcript, Matt Yannopoulos, Hearing Block 12, 5 March 2024, p 87-8595 [23–29].

310 Exhibit K-01.125, Department of Defence, Response to Notice to Produce, NTP-DEF-136, Whole of Defence Survey, DEF.1136.0001.1051 at 1063.

311 Exhibit K-01.059, Department of Defence, Response to Notice to Produce, NTP-DEF-200A, Defence Data Strategy 2.0, DEF.1200.0001.0786 at 0795; Exhibit 90-02.032, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTP-DEF-333, Identifying Integrity Behavioural Risks Scoping Study, DEF.1333.0002.0856 at 0863.

312 Exhibit 75-04.007, Hearing Block 10, Department of Defence, Response to Notice to Produce, NTP-DEF-136, Enterprise Data Quality Framework Interim Guidance, DEF.1136.0001.0913 at 0916.

313 Exhibit K-01.060, Department of Defence, Response to Notice to Produce, NTP-DEF-200A, Executive Overview – Defence Data Operating Model and Blueprint – February 2023, DEF.1200.0001.0012 at 0034–0035.

314 Australian Institute of Health and Welfare, ‘Suicide & self-harm monitoring data’, webpage, www.aihw.gov.au/suicide-self-harm-monitoring/data/suicide-self-harm-monitoring-data, viewed 29 November 2023 (Exhibit K-01.131, DVS.2222.0001.3468).

315 Exhibit K-01.148, Department of Defence, Response to Notice to Produce, NTP-DEF-136, Enterprise Data Maturity Assessment Whole-of-Defence Survey 2021, DEF.1136.0001.0292 at 0310.

316 Exhibit 75-04.016, Hearing Block 10, Department of Defence, Response to Notice to Produce, NTP-DEF-136, *Enterprise Data Maturity Assessment Insights Report*, DEF.1136.0001.0081 at 0086.

317 Exhibit K-01.148, Department of Defence, Response to Notice to Produce, NTP-DEF-136, Enterprise Data Maturity Assessment Whole-of-Defence Survey 2021, DEF.1136.0001.0292 at 0310; Exhibit 75-04.016, Hearing Block 10, Department of Defence, Response to Notice to Produce, NTP-DEF-136, *Enterprise Data Maturity Assessment Insights Report*, DEF.1136.0001.0081 at 0099.

318 Exhibit 75-04.016, Hearing Block 10, Department of Defence, Response to Notice to Produce, NTP-DEF-136, *Enterprise Data Maturity Assessment Insights Report*, DEF.1136.0001.0081 at 0160.

319 Exhibit 75-04.016, Hearing Block 10, Department of Defence, Response to Notice to Produce, NTP-DEF-136, *Enterprise Data Maturity Assessment Insights Report*, DEF.1136.0001.0081 at 0160.

320 Exhibit 75-04.016, Hearing Block 10, Department of Defence, Response to Notice to Produce, NTP-DEF-136, *Enterprise Data Maturity Assessment Insights Report*, DEF.1136.0001.0081 at 0132.

321 Exhibit 73-01.051, Hearing Block 10, Department of Defence, Response to Notice to Produce, NTP-DEF-197A-04, Defence Data Strategy 2021–2023, DEF.1197.0004.0290 at 0310.

322 Exhibit K-01.061, Department of Defence, Response to Notice to Produce, NTP-DEF-266, Meeting Paper Data Strategy Implementation Program update, DEF.1266.0002.0093 at 0093 [7]; Exhibit 7301.051, Hearing Block 10, Department of Defence, Response to Notice to Produce, NTPDEF197A04, Defence Data Strategy 2021–2023, DEF.1197.0004.0290 at 0341–0342.

323 Exhibit K-01.061, Department of Defence, Response to Notice to Produce, NTP-DEF-266, Meeting Paper Data Strategy Implementation Program update, DEF.1266.0002.0093 at 0093 [6–7].

324 Exhibit K-01.063, Department of Defence, Response to Notice to Produce, NTP-DEF-266, *Data Strategy 2021-2023 Closure Report*, DEF.1266.0002.0010 at 0017.

325 Exhibit 87-01.001, Hearing Block 12, Department of Defence, Response to Notice to Give, NTGMYA001, DEF.9999.0151.0202 at 0220 [81b]; Exhibit 90-02.062, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTP-DEF-266, Defence Data and Analytics Board – Meeting Outcomes, DEF.1266.0002.0003 at 0006 [24]; Exhibit 101-03.092, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTP-DEF-376, EBC Defence Data Strategy 2.0, DEF.1376.0001.1311 at 1313.

326 Exhibit K-01.062, Department of Defence, Response to Notice to Produce, NTP-DEF-266, DSIP Project Closure report DSIP09, DEF.1266.0002.0087 at 0088.

327 Exhibit 101-03.092, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTPDEF-376, EBC Defence Data Strategy 2.0, DEF.1376.0001.1311 at 1327.

328 Exhibit 73-01.051, Hearing Block 10, Department of Defence, Response to Notice to Produce, NTPDEF-197A-04, Defence Data Strategy 2021–2023, DEF.1197.0004.0290 at 0341.

329 Transcript, Natasha Fox, Hearing Block 12, 20 March 2024, p 96-9662 [34–38].

330 Exhibit 101-03.092, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTPDEF-376, EBC Defence Data Strategy 2.0, DEF.1376.0001.1311 at 1316.

331 Exhibit K-01.025, Department of Defence, Response to Notice to Give, NTG-DEF-197, DEF.9999.0125.0067 at 0075–0076 [21–24].

332 Exhibit K-01.025, Department of Defence, Response to Notice to Give, NTG-DEF-197, DEF.9999.0125.0067 at 0076 [26].

333 Exhibit K-01.025, Department of Defence, Response to Notice to Give, NTG-DEF-197, DEF.9999.0125.0067 at 0076 [26]; Exhibit 73-01.051, Hearing Block 10, Department of Defence, Response to Notice to Produce, NTP-DEF-197A-04, Defence Data Strategy 2021–2023, DEF.1197.0004.0290 at 0310.

334 Exhibit 73-01.051, Hearing Block 10, Department of Defence, Response to Notice to Produce, NTPDEF-197A-04, Defence Data Strategy 2021–2023, DEF.1197.0004.0290 at 0310.

335 Exhibit K-01.025, Department of Defence, Response to Notice to Give, NTG-DEF-197, DEF.9999.0125.0067 at 0076 [26].

336 Exhibit K-01.042, Department of Defence, Response to Notice to Give, NTG-DEF-227, DEF.9999.0145.0001 at 0002 [3].

337 PFLR-1.1 (Data, Commonwealth response), PFL.0033.0002.0001 at 0009.

338 Exhibit K-01.042, Department of Defence, Response to Notice to Give, NTG-DEF-227, DEF.9999.0145.0001 at 0002 [2].

339 Australian Government, ‘Data Maturity Assessment Tool (New)’, webpage, www.dataanddigital.gov.au/plan/roadmap/data-and-digital-foundations/data-maturity-assessment-tool, viewed 22 March 2024 (Exhibit 101-03.030, Hearing Block 12, DVS.0012.0001.3025).

340 Exhibit 101-03.091, Department of Defence, Response to Notice to Produce, NTP-DEF-376-02, EI60 – Personnel Data Access and Integration Scoping Paper, DEF.1376.0001.0128 at 0132.

341 PFLR-1.1 (Data, Commonwealth response), PFL.0033.0002.0001 at 0009.

342 Exhibit K-01.026, Office of the National Data Commissioner, Response to Notice to Give, NTGOND001, OND.9999.0001.0001 at 0009 [36].

343 Exhibit K-01.026, Office of the National Data Commissioner, Response to Notice to Give, NTGOND001, OND.9999.0001.0001 at 0008 [31], 0009 [34–36].

344 Exhibit 75-04.016, Hearing Block 10, Department of Defence, Response to Notice to Produce, NTPDEF-136, *Enterprise Data Maturity Assessment Insights Report*, DEF.1136.0001.0081 at 0106.

345 Exhibit 75-04.016, Hearing Block 10, Department of Defence, Response to Notice to Produce, NTPDEF-136, *Enterprise Data Maturity Assessment Insights Report*, DEF.1136.0001.0081 at 0106.

346 Exhibit 101-03.088, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTPDEF-351-01, Anchoram Consulting – Final Report ICT2284 Project and Defence Data Strategy, DEF.1351.0001.0084 at 0096.

347 Exhibit 101-03.087, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTPDEF-351-01, Talking Points for One Defence Data Program, DEF.1351.0001.0015 at 0015.

348 Exhibit 73-01.051, Hearing Block 10, Department of Defence, Response to Notice to Produce, NTPDEF-197A-04, Defence Data Strategy 2021–2023, DEF.1197.0004.0290 at 0316.

349 Exhibit 73-01.051, Hearing Block 10, Department of Defence, Response to Notice to Produce, NTPDEF-197A-04, Defence Data Strategy 2021–2023, DEF.1197.0004.0290 at 0316.

350 Exhibit K-01.064, Department of Defence, Response to Notice to Produce, NTP-DEF-200A, Enterprise Data Governance Framework, DEF.1200.0001.0393 at 0401.

351 Exhibit K-01.064, Department of Defence, Response to Notice to Produce, NTP-DEF-200A, Enterprise Data Governance Framework, DEF.1200.0001.0393 at 0401.

352 Exhibit K-01.065, Department of Defence, Response to Notice to Produce, NTP-DEF-200A, Data Custodianship Framework, DEF.1200.0001.0718 at 0721.

353 Exhibit K-01.149, Department of Defence, Response to Notice to Produce, NTP-DEF-200A, Defence Data Policy, DEF.1200.0001.0045 at 0049 [1.13].

354 Exhibit K-01.149, Department of Defence, Response to Notice to Produce, NTP-DEF-200A, Defence Data Policy, DEF.1200.0001.0045 at 0049 [1.13].

- 355 Exhibit 101-03.088, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTPDEF-351-01, Anchoram Consulting – Final Report ICT2284 Project and Defence Data Strategy, DEF.1351.0001.0084 at 0097.
- 356 Exhibit K-01.064, Department of Defence, Response to Notice to Produce, NTP-DEF-200A, Enterprise Data Governance Framework, DEF.1200.0001.0393 at 0400.
- 357 Exhibit 90-02.064, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTPDEF-200A, Terms of Reference – Defence Data and Analytics Board, DEF.1200.0001.0001 at 0004 [2].
- 358 PFLR-1.1 (Data, Commonwealth response), PFL.0033.0002.0001 at 0010.
- 359 National Archives of Australia, 'Building trust in the public record', webpage, www.naa.gov.au/information-management/information-management-policies/building-trust-public-record, viewed 23 January 2024 (Exhibit 90-02.009, Hearing Block 12, DVS.3333.0001.0861); Australian Bureau of Statistics, 'Data Quality Statement Checklist', webpage, www.abs.gov.au/websitedbs/d3310114.nsf/home/ABS+Data+Quality+Statement+Checklist, viewed 23 January 2024 (Exhibit 90-02.010, Hearing Block 12, DVS.3333.0001.0796).
- 360 Exhibit 75-04.007, Hearing Block 10, Department of Defence, Response to Notice to Produce, NTPDEF-136, Enterprise Data Quality Framework Interim Guidance, DEF.1136.0001.0913 at 0920.
- 361 Exhibit 90-02.086, Hearing Block 12, Department of Defence, Response to Notice to Give, NTGDEF276, DEF.9999.0182.0020 at 0026 [34], 0027 [35–36].
- 362 Exhibit 90-02.086, Hearing Block 12, Department of Defence, Response to Notice to Give, NTGDEF276, DEF.9999.0182.0020 at 0025 [31].
- 363 Exhibit 35-02.002, Hearing Block 5, Angus Campbell, Response to Notice to Give, NTG-ACA-001, DEF.9999.0011.0344 at 0361 [40].
- 364 Exhibit 75-04.007, Hearing Block 10, Department of Defence, Response to Notice to Produce, NTPDEF-136, Enterprise Data Quality Framework Interim Guidance, DEF.1136.0001.0913 at 0916.
- 365 Exhibit 75-04.007, Hearing Block 10, Department of Defence, Response to Notice to Produce, NTPDEF-136, Enterprise Data Quality Framework Interim Guidance, DEF.1136.0001.0913 at 0916.
- 366 Exhibit 28-03.04, Hearing Block 4, Department of Defence, Response to Notice to Give, NTGDEF020, Decision Brief for DGHPPA – Suicide Prevention Program Interim Evaluation Report Recommendations, DEF.1011.1002.0017 at 0019 [5].
- 367 Exhibit K-01.148, Department of Defence, Response to Notice to Produce, NTP-DEF-136, Enterprise Data Maturity Assessment Whole-of-Defence Survey 2021, DEF.1136.0001.0292 at 0322.
- 368 Exhibit 87-01.057, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTPDEF-356, Pathway to Change Review, DEF.1356.0001.1038 at 1049.
- 369 Exhibit 86-03.006, Hearing Block 12, Department of Defence, Response to Notice to Give, NTGDEF237, DEF.9999.0173.0001 at 0011 [46], 0030 [99]; Exhibit 98-02.005, Hearing Block 12, Department of Defence, Response to Notice to Give, NTG-DEF-271, DEF.9999.0180.0002 at 0003 [2].
- 370 Exhibit 101-03.091, Department of Defence, Response to Notice to Produce, NTP-DEF-376-02, EI60 – Personnel Data Access and Integration Scoping Paper, DEF.1376.0001.0128 at 0144; Exhibit 98-02.005, Hearing Block 12, Department of Defence, Response to Notice to Give, NTG-DEF-271, DEF.9999.0180.0002 at 0003 [2].
- 371 Exhibit 86-03.006, Hearing Block 12, Department of Defence, Response to Notice to Give, NTGDEF237, DEF.9999.0173.0001 at 0030 [100].
- 372 Exhibit 86-03.006, Hearing Block 12, Department of Defence, Response to Notice to Give, NTGDEF237, DEF.9999.0173.0001 at 0030 [101]; Exhibit 87-01.008, Hearing Block 12, Department of Defence, Response to Notice to Give, NTG-DEF-213A, DEF.9999.0162.0001 at 0007 [10b].
- 373 Exhibit 73-01.051, Hearing Block 10, Department of Defence, Response to Notice to Produce, NTPDEF-197A-04, Defence Data Strategy 2021–2023, DEF.1197.0004.0290 at 0302; Exhibit K-01.066, Department of Defence, Response to Notice to Produce, NTP-DEF-200A, Defence Data Quality Framework, DEF.1200.0001.0799 at 0810; Exhibit K-01.045, Department of Defence, Response to Notice to Give, NTG-DEF-228, DEF.9999.0149.0001 at 0002 [1].

374 Exhibit 73-01.051, Hearing Block 10, Department of Defence, Response to Notice to Produce, NTPDEF-197A-04, Defence Data Strategy 2021–2023, DEF.1197.0004.0290 at 0321; Exhibit 73-01.005, Hearing Block 10, Department of Defence, Response to Notice to Give, NTG-DEF-097B, DEF.9999.0069.0001 at 0014 [2.3].

375 Exhibit 73-01.051, Hearing Block 10, Department of Defence, Response to Notice to Produce, NTPDEF-197A-04, Defence Data Strategy 2021–2023, DEF.1197.0004.0290 at 0320.

376 Exhibit K-01.066, Department of Defence, Response to Notice to Produce, NTP-DEF-200A, Defence Data Quality Framework, DEF.1200.0001.0799 at 0810.

377 Exhibit K-01.045, Department of Defence, Response to Notice to Give, NTG-DEF-228, DEF.9999.0149.0001 at 0002 [2].

378 Exhibit K-01.045, Department of Defence, Response to Notice to Give, NTG-DEF-228, DEF.9999.0149.0001 at 0002 [4].

379 Exhibit K-01.067, Department of Defence, Response to Notice to Produce, NTP-DEF-288-01, Establishing the Defence Mental Health and Wellbeing Branch, DEF.1288.0001.0180 at 0182 [11].

380 PFLR-1.1 (Data, Commonwealth response), PFL.0033.0002.0001 at 0011.

381 PFLR-23.2 (Data tranche 2, Commonwealth response), PFL.0033.0002.0220 at 0227.

382 PFLR-23.2 (Data tranche 2, Commonwealth response), PFL.0033.0002.0220 at 0227.

383 Exhibit 75-04.007, Hearing Block 10, Department of Defence, Response to Notice to Produce, NTPDEF-136, Enterprise Data Quality Framework Interim Guidance, DEF.1136.0001.0913 at 0922.

384 Exhibit 90-02.032, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTPDEF-333, Identifying Integrity Behavioural Risks Scoping Study, DEF.1333.0002.0856 at 0863.

385 Exhibit K-01.064, Department of Defence, Response to Notice to Produce, NTP-DEF-200A, Enterprise Data Governance Framework, DEF.1200.0001.0393 at 0401.

386 Exhibit 73-01.051, Hearing Block 10, Department of Defence, Response to Notice to Produce, NTPDEF-197A-04, Defence Data Strategy 2021–2023, DEF.1197.0004.0290 at 0323.

387 Exhibit 73-01.005, Hearing Block 10, Department of Defence, Response to Notice to Give, NTGDEF097B, DEF.9999.0069.0001 at 0009 [35].

388 Exhibit 90-02.037, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTPDEF-347-01, Final CIF Evaluation Project Report, DEF.1347.0002.0840 at 0852.

389 Exhibit 75-04.016, Hearing Block 10, Department of Defence, Response to Notice to Produce, NTPDEF-136, *Enterprise Data Maturity Assessment Insights Report*, DEF.1136.0001.0081 at 0101.

390 Exhibit 75-04.016, Hearing Block 10, Department of Defence, Response to Notice to Produce, NTPDEF-136, *Enterprise Data Maturity Assessment Insights Report*, DEF.1136.0001.0081 at 0102.

391 Exhibit K-01.027, Department of Defence, Response to Notice to Give, NTG-DEF-196, DEF.9999.0129.0001 at 0012 [37].

392 Exhibit K-01.027, Department of Defence, Response to Notice to Give, NTG-DEF-196, DEF.9999.0129.0001 at 0012 [37a].

393 Exhibit K-01.027, Department of Defence, Response to Notice to Give, NTG-DEF-196, DEF.9999.0129.0001 at 0012 [31, 33, 35].

394 Exhibit 73-01.051, Hearing Block 10, Department of Defence, Response to Notice to Produce, NTPDEF-197A-04, Defence Data Strategy 2021–2023, DEF.1197.0004.0290 at 0323.

395 Exhibit 73-01.051, Hearing Block 10, Department of Defence, Response to Notice to Produce, NTPDEF-197A-04, Defence Data Strategy 2021–2023, DEF.1197.0004.0290 at 0323.

396 Exhibit K-01.061, Department of Defence, Response to Notice to Produce, NTP-DEF-266, Meeting Paper Data Strategy Implementation Program update, DEF.1266.0002.0093 at 0093 [7a].

397 Exhibit K-01.027, Department of Defence, Response to Notice to Give, NTG-DEF-196, DEF.9999.0129.0001 at 0010 [28].

398 Exhibit 73-01.005, Hearing Block 10, Department of Defence, Response to Notice to Give, NTGDEF097B, DEF.9999.0069.0001 at 0017 [49, 52, 54]; Exhibit K-01.027, Department of Defence, Response to Notice to Give, NTG-DEF-196, DEF.9999.0129.0001 at 0010 [30].

399 Exhibit K-01.027, Department of Defence, Response to Notice to Give, NTG-DEF-196, DEF.9999.0129.0001 at 0010 [28].

400 Exhibit K-01.027, Department of Defence, Response to Notice to Give, NTG-DEF-196,
DEF.9999.0129.0001 at 0015 [40].

401 Exhibit 90-02.045, Hearing Block 12, Office of the National Data Commissioner, Response to
Notice to Give, NTG-OND-002, OND.9999.0002.0001 at 0001 [1, 3].

402 Exhibit 90-02.045, Hearing Block 12, Office of the National Data Commissioner, Response to
Notice to Give, NTG-OND-002, OND.9999.0002.0001 at 0001 [1, 5], 0002 [6].

403 Office of the National Data Commissioner, *Guide on Metadata Attributes*, November 2023,
(Exhibit 9002.011, Hearing Block 12, DVS.3333.0001.1230 at 1230).

404 Exhibit 90-02.045, Hearing Block 12, Office of the National Data Commissioner, Response to
Notice to Give, NTG-OND-002, OND.9999.0002.0001 at 0002 [8].

405 Office of the National Data Commissioner, *Guide on Metadata Attributes*, November 2023,
(Exhibit 9002.011, Hearing Block 12, DVS.3333.0001.1230 at 1230–1238).

406 Exhibit K-01.068, Department of Defence, Response to Notice to Produce, NTP-DEF-200A,
Interim Guidance – Enterprise Data Quality Management Framework, DEF.1200.0001.0205
at 0208.

407 Exhibit 98-02.001, Hearing Block 12, Simon Stuart, Response to Notice to Produce,
NTP-SST-001, SST.1001.0001.0001 at 0005 [24].

408 Exhibit 75-04.016, Hearing Block 10, Department of Defence, Response to Notice to Produce,
NTPDEF-136, *Enterprise Data Maturity Assessment Insights Report*, DEF.1136.0001.0081
at 0102.

409 Exhibit 75-04.016, Hearing Block 10, Department of Defence, Response to Notice to Produce,
NTPDEF-136, *Enterprise Data Maturity Assessment Insights Report*, DEF.1136.0001.0081
at 0102.

410 Exhibit 75-04.016, Hearing Block 10, Department of Defence, Response to Notice to Produce,
NTPDEF-136, *Enterprise Data Maturity Assessment Insights Report*, DEF.1136.0001.0081
at 0102.

411 Exhibit K-01.146, Department of Defence, Response to Notice to Produce, NTP-DEF-033,
University of Canberra Interim Evaluation Report March 2021, DEF.1033.0002.0394 at 0412.

412 Exhibit K-01.146, Department of Defence, Response to Notice to Produce, NTP-DEF-033,
University of Canberra Interim Evaluation Report March 2021, DEF.1033.0002.0394 at 0412.

413 Transcript, Matt Yannopoulos, Hearing Block 12, 5 March 2024, p 87-8565 [33–36];
Exhibit 87-01.008, Hearing Block 12, Department of Defence, Response to Notice to Give,
NTG-DEF-213A, DEF.9999.0162.0001 at 0004 [1–5].

414 Transcript, Matt Yannopoulos, Hearing Block 12, 5 March 2024, pp 87-8565 [33]–87-8566 [6].

415 Exhibit 28-03.001, Hearing Block 4, Department of Defence, Response to Notice to Produce,
NTPDEF-001, Interim Report on the Suicide Prevention Program Monitoring and Evaluation
Framework and Plan, DEF.0001.0003.0050 at 0067; Exhibit 35-02.002, Hearing Block 5,
Angus Campbell, Response to Notice to Give, NTG-ACA-001, DEF.9999.0011.0344 at
0404 [191].

416 Exhibit 65-01.001, Hearing Block 9, Department of Defence, Response to Notice to Give,
NTGSSH001, DEF.9999.0080.0041 at 0075 [145].

417 Transcript, David Morton, Hearing Block 4, 11 April 2022, pp 28-2617 [36]–28-2618 [5].

418 Exhibit K-01.038, Department of Defence, Response to Notice to Give, NTG-DEF-155,
DEF.9999.0110.0001 at 0015 [57].

419 Exhibit 73-01.005, Hearing Block 10, Department of Defence, Response to Notice to Give,
NTGDEF097B, DEF.9999.0069.0001 at 0002 [1].

420 Exhibit 73-01.005, Hearing Block 10, Department of Defence, Response to Notice to Give,
NTGDEF097B, DEF.9999.0069.0001 at 0002 [3].

421 Exhibit 73-01.005, Hearing Block 10, Department of Defence, Response to Notice to Give,
NTGDEF097B, DEF.9999.0069.0001 at 0003 [6].

422 Exhibit 73-01.005, Hearing Block 10, Department of Defence, Response to Notice to Give,
NTGDEF097B, DEF.9999.0069.0001 at 0002 [2].

423 Exhibit K-01.027, Department of Defence, Response to Notice to Give, NTG-DEF-196,
DEF.9999.0129.0001 at 0015 [40].

424 Exhibit 73-01.005, Hearing Block 10, Department of Defence, Response to Notice to Give,
NTGDEF097B, DEF.9999.0069.0001 at 0005 [17–19].

425 Exhibit 73-01.005, Hearing Block 10, Department of Defence, Response to Notice to Give,
NTGDEF097B, DEF.9999.0069.0001 at 0005 [17–19]; Exhibit 98-02.001, Hearing Block 12,

- Simon Stuart, Response to Notice to Produce, NTP-SST-001, SST.1001.0001.0001 at 0007–0008 [24].
- 426 Exhibit 101-03.091, Department of Defence, Response to Notice to Produce, NTP-DEF-376-02, E160 – Personnel Data Access and Integration Scoping Paper, DEF.1376.0001.0128 at 0144; Exhibit 98-02.005, Hearing Block 12, Department of Defence, Response to Notice to Give, NTG-DEF-271, DEF.9999.0180.0002 at 0003 [2]; Exhibit 86-03.006, Hearing Block 12, Department of Defence, Response to Notice to Give, NTG-DEF-237, DEF.9999.0173.0001 at 0011 [46].
- 427 Transcript, Matt Keogh, Hearing Block 12, 7 March 2024, p 89-8905 [23–42]; Transcript, Greg Moriarty, Hearing Block 12, 26 March 2024, p 100-10251 [32–36]; Transcript, Matt Yannopoulos, 5 March 2024, p 87-8550 [6–17]; Transcript, David Johnston, Hearing Block 12, 4 March 2024, pp 86-8466 [47]–86-8467 [34]; Transcript, Angus Campbell, Hearing Block 12, 28 March 2024, p 101-10264 [17–27]; Transcript, Mark Hammond, Hearing Block 12, 14 March 2024, p 92-9224 [8–17]; Transcript, Simon Stuart, Hearing Block 12, 22 March 2024, p 98-9943 [11–25]; Robert Chipman, Hearing Block 12, 14 March 2024, p 919142 [38–43]; Transcript, Barbara Courtney, Hearing Block 12, 14 March 2024, pp 929284 [40]–92-9285 [16].
- 428 Transcript, Matt Keogh, Hearing Block 12, 7 March 2024, p 89-8905 [23–42], pp 89-8910 [20]–89-8911 [8]; Transcript, Robert Chipman, Hearing Block 12, 13 March 2024, pp 91-9142 [38]–91-9143 [6].
- 429 Department of Defence, ‘Enterprise Resource Planning Program’, webpage, www.defence.gov.au/business-industry/industry-capability-programs/enterprise-resource-planning-program, viewed 22 April 2024 (Exhibit N-01.023, DVS.3333.0001.3348); Department of Defence, ‘ERP Capability Roadmap’, webpage, last updated September 2023, www.defence.gov.au/sites/default/files/2023-10/Defence-ERP-Capability-Roadmap.pdf, viewed 27 February 2024 (Exhibit 90-02.025, Hearing Block 12, DVS.3333.0001.1502).
- 430 Transcript, Matt Yannopoulos, Hearing Block 12, 5 March 2024, p 87-8576 [5–26]; Transcript, Matt Yannopoulos, Hearing Block 12, 25 March 2024, pp 99-10117 [36]–99-10118 [22].
- 431 Transcript, Mark Hammond, Hearing Block 12, 14 March 2024, p 92-9209 [3–12], 92-9214 [33–42]; Transcript, Barbara Courtney, Hearing Block 12, 14 March 2024, p 92-9285 [18–43].
- 432 Transcript, Natasha Fox, Hearing Block 12, 20 March 2024, p 96-9717 [36–44], 96-9718 [42–46], 999719 [9–19].
- 433 Exhibit 86-03.006, Hearing Block 12, Department of Defence, Response to Notice to Give, NTG-DEF-237, DEF.9999.0173.0001 at 0030 [101]; Exhibit 87-01.008, Hearing Block 12, Department of Defence, Response to Notice to Give, NTG-DEF-213A, DEF.9999.0162.0001 at 0007 [10b].
- 434 Exhibit 73-01.051, Hearing Block 10, Department of Defence, Response to Notice to Produce, NTP-DEF-197A-04, Defence Data Strategy 2021–2023, DEF.1197.0004.0290 at 0328.
- 435 PFLR-1.1 (Data, Commonwealth response), PFL.0033.0002.0001 at 0014.
- 436 Exhibit K-01.058, Department of Defence, Response to Notice to Produce, NTP-DEF-136, *Enterprise Data Maturity Assessment: Insights Report*, DEF.1136.0001.1065 at 1089.
- 437 Exhibit 90-02.032, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTP-DEF-333, Identifying Integrity Behavioural Risks Scoping Study, DEF.1333.0002.0856 at 0863.
- 438 Exhibit 90-02.034, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTP-DEF-347-01, *Implementation Evaluation (RE-AIM) Report*, DEF.1347.0002.0001 at 0027.
- 439 Exhibit 87-01.057, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTP-DEF-356-01, Pathway to Change Review, DEF.1356.0001.1038 at 1042.
- 440 Exhibit 87-01.057, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTP-DEF-356-01, Pathway to Change Review, DEF.1356.0001.1038 at 1054.
- 441 Transcript, Robert Chipman, Hearing Block 12, 13 March 2024, pp 91-9148 [28]–91-9149 [27].
- 442 Transcript, Mark Hammond, Hearing Block 12, 14 March 2024, pp 92-9223 [33]–92-9224 [17].
- 443 Exhibit K-01.070, Department of Defence, Response to Notice to Produce, NTP-DEF-266, Data Strategy Implementation Plan, DEF.1266.0002.0024 at 0033–0034.
- 444 Exhibit 90-02.032, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTP-DEF-333, Identifying Integrity Behavioural Risks Scoping Study, DEF.1333.0002.0856 at 0863; Transcript, Caitlin Langford, Hearing Block 12, 5 March 2024, p 87-8626 [1–5].
- 445 Exhibit 87-01.046, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTP-DEF-333, Annexure E150 – Data analytics, DEF.1333.0002.0885 at 0885 [2].

446 Exhibit 90-02.036, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTP-DEF-347-01, Developmental Evaluation Report for the Defence Suicide Prevention Program, DEF.1347.0002.0463 at 0513.

447 Exhibit 87-02.015, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTP-DEF-326, CDF Minute – ADF Suicide Review Pilot, DEF.1326.0001.0017 at 0017 [1–2].

448 Exhibit K-01.022, Department of Defence, Response to Notice to Give, NTG-DEF-195, DEF.9999.0124.0001 at 0014 [37]; Transcript, Caitlin Langford, Hearing Block 12, 5 March 2023, p 878660 [3–11]; Exhibit 87-02.015, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTP-DEF-326, CDF Minute – ADF Suicide Review Pilot, DEF.1326.0001.0017 at 0017 [5].

449 Exhibit 87-02.015, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTP-DEF-326, CDF Minute – ADF Suicide Review Pilot, DEF.1326.0001.0017 at 0017 [5]; Transcript, Caitlin Langford, Hearing Block 12, 5 March 2023, p 87-8660 [45–47].

450 United States Department of Defense, *2021 On-Site Installation Evaluation Report*, p 4 (Exhibit K-01.097, DVS.2222.0001.1531).

451 United States Department of Defense, *2021 On-Site Installation Evaluation Report*, p 4 (Exhibit K-01.097, DVS.2222.0001.1531).

452 Exhibit 98-02.005, Hearing Block 12, Department of Defence, Response to Notice to Give, NTG-DEF-271, DEF.9999.0180.0002 at 0017 [55–56].

453 Exhibit 47-03.008, Hearing Block 6, Department of Defence, Response to Notice to Give, NTG-DEF-037, DEF.9999.0025.0008 at 0132 [617].

454 Exhibit 47-03.008, Hearing Block 6, Department of Defence, Response to Notice to Give, NTG-DEF-037, DEF.9999.0025.0008 at 0145 [672].

455 Exhibit 47-03.008, Hearing Block 6, Department of Defence, Response to Notice to Give, NTG-DEF-037, DEF.9999.0025.0008 at 0166 [743].

456 Exhibit 47-03.008, Hearing Block 6, Department of Defence, Response to Notice to Give, NTG-DEF-037, DEF.9999.0025.0008 at 0176 [791], 177 [797–799].

457 Exhibit 98-02.001, Hearing Block 12, Simon Stuart, Response to Notice to Produce, NTP-SST-001, SST.1001.0001.0001 at 0007 [22].

458 Transcript, Gary Lawton, Hearing Block 9, 22 May 2023, pp 63-6043 [41]–63-6044 [26]; Transcript, Victoria Dews and Kenneth Edwards, Hearing Block 7, 20 October 2022, p 50-4850 [3–18]; Transcript, Ian Young, Hearing Block 9, 22 May 2023, pp 63-6118 [43]–63-6119 [7]; Transcript, Nicole Walker, Hearing Block 9, 15 May 2023, pp 61-6019 [28]–61-6020 [1]; Transcript, Melissa Peterson, Hearing Block 9, 22 May 2023, p 63-6123 [26–34].

459 Exhibit K-01.069, Department of Defence, Response to Notice to Produce, NTP-DEF-168, *Defence Mental Health Wellbeing Strategy 2018–2023*, DEF.1168.0001.0001 at 0022.

460 Exhibit 87-01.001, Hearing Block 12, Department of Defence, Response to Notice to Give, NTG-MYA-001, DEF.9999.0151.0202 at 0215 [59].

461 Exhibit K-01.037, Department of Defence, Response to Notice to Give, NTG-DEF-193, DEF.9999.0135.0001 at 0014, 0022, 0032.

462 Transcript, Mark Hammond, Hearing Block 12, 14 March 2024, p 92-9223 [33–46].

463 Transcript, Julie Adams, Hearing Block 8, 1 December 2022, p 58-5719 [17–47]; Transcript, David e, Hearing Block 8, 1 December 2022, p 58-5723 [1–9].

464 Transcript, Andrew Deacon, Hearing Block 8, 29 November 2022, p 56-5490 [12–25].

465 Exhibit 55-04.071, Hearing Block 8, Department of Defence, Response to Notice to Produce, NTP-DEF-074-02, Workplace Behaviours Survey Summary, DEF.1074.0003.0057 at 0057 [3].

466 Transcript, Gary Lawton, Hearing Block 9, 22 May 2023, p 63-6044 [19-26].

467 Transcript, Justine Greig, Hearing Block 10, 24 July 2023, pp 73-7081 [24]–73-7083 [26].

468 Transcript, Kahlil Fegan, Hearing Block 5, 20 June 2022, p 32-3075 [29–47].

469 Exhibit 98-02.001, Hearing Block 12, Simon Stuart, Response to Notice to Produce, NTP-SST-001, SST.1001.0001.0001 at 0038 [184].

470 Transcript, Victoria Dews and Kenneth Edwards, Hearing Block 7, 20 October 2022, p 50-4850 [3–18]; Transcript, Ian Young, Hearing Block 9, 22 May 2023, pp 63-6118 [43]–63-6119 [15]; Transcript, Nicole Walker, Hearing Block 9, 15 May 2023, pp 61-6019 [28]–61-6020 [1]; Transcript, Melissa Peterson, Hearing Block 9, 22 May 2023, p 63-6123 [26–34].

471 Transcript, Melissa Peterson, Hearing Block 9, 22 May 2023, p 63-6124 [1–13].

472 Transcript, Natasha Fox, Hearing Block 12, 20 March 2024, pp 96-9647 [46]–96-9648 [25].

473 Transcript, Natasha Fox, Hearing Block 12, 20 March 2024, p 96-9651 [25–29], pp 96-9668 [43]–96-9669 [40].

474 Exhibit L-01.009, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-001,
DVA.9999.0001.0001 at 0027 [5.4].

475 Exhibit L-01.009, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-001,
DVA.9999.0001.0001 at 0004 [1.24].

476 PFLR-1.1 (Data, Commonwealth response), PFL.0033.0002.0001 at 0021.

477 Exhibit L-01.009, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-001,
DVA.9999.0001.0001 at 0005 [1.26].

478 Exhibit 18-02.002, Hearing Block 3, Australian Institute of Health and Welfare, Response to
Notice to Give, NTG-AHW-001, AHW.9999.0001.0001 at 0022 [10b].

479 Exhibit K-01.028, Department of Veterans' Affairs, Response to Notice to Give,
NTG-DVA-052A, DVA.9999.0057.0001 at 0013 [7.3.1], 0015 [7.3.19].

480 Exhibit K-01.028, Department of Veterans' Affairs, Response to Notice to Give,
NTG-DVA-052A, DVA.9999.0057.0001 at 0007 [7.1.1–7.1.2].

481 Exhibit K-01.028, Department of Veterans' Affairs, Response to Notice to Give,
NTG-DVA-052A, DVA.9999.0057.0001 at 0008 [7.1.8].

482 Exhibit F-04.020, Department of Veterans' Affairs, Response to Notice to Give,
NTG-DVA-052B, DVA.9999.0060.0078 at 0082 [16.1–16.3].

483 Exhibit K-01.028, Department of Veterans' Affairs, Response to Notice to Give,
NTG-DVA-052A, DVA.9999.0057.0001 at 0013 [7.3.1].

484 Exhibit K-01.028, Department of Veterans' Affairs, Response to Notice to Give,
NTG-DVA-052A, DVA.9999.0057.0001 at 0015 [7.3.14].

485 Exhibit K-01.151, Department of Veterans' Affairs, Response to Notice to Produce,
NTP-DVA-084, Insights into Veteran Suicide Behaviour, DVA.5061.0001.0471 at 0483.

486 Exhibit L-01.009, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-001,
DVA.9999.0001.0001 at 0007 [1.44].

487 Exhibit K-01.023, Department of Veterans' Affairs, Response to Notice to Give,
NTG-DVA-052C, DVA.9999.0055.0001 at 0002 [1.9].

488 Exhibit F-04.018, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-016,
DVA.9999.0010.0010 at 0010 [3.2].

489 Exhibit K-01.028, Department of Veterans' Affairs, Response to Notice to Give,
NTG-DVA-052A, DVA.9999.0057.0001 at 0002 [3.5].

490 Exhibit 88-02.022, Hearing Block 12, Department of Veterans' Affairs, Response to Notice to
Give, NTG-DVA-135, DVA.9999.0143.0001 at 0002 [5]; Transcript, Leonie Nowland, Hearing
Block 12, 6 March 2024, p 88-8764 [34–36].

491 Exhibit 88-02.022, Hearing Block 12, Department of Veterans' Affairs, Response to Notice to
Give, NTG-DVA-135, DVA.9999.0143.0001 at 0001–0002 [4.2].

492 Transcript, David Pullen, Hearing Block 12, 6 March 2024, p 88-8768 [14–20], 88-8769
[17–21]; Exhibit 88-02.022, Hearing Block 12, Department of Veterans' Affairs, Response to
Notice to Give, NTG-DVA-135, DVA.9999.0143.0001 at 0015 [9.1]

493 Exhibit 88-02.022, Hearing Block 12, Department of Veterans' Affairs, Response to Notice to
Give, NTG-DVA-135, DVA.9999.0143.0001 at 0005–0006 [1.3].

494 Transcript, Leanne Cameron, Hearing Block 7, 27 October 2022, pp 54-5207 [8]–54-5208 [13].

495 Exhibit 53-03.006, Hearing Block 7, Department of Veterans' Affairs, Response to Notice to
Give, NTG-OPA-003, DVA.9999.0024.0001 at 0008 [7.20.b].

496 Exhibit 53-03.006, Hearing Block 7, Department of Veterans' Affairs, Response to Notice to
Give, NTG-OPA-003, DVA.9999.0024.0001 at 0003 [1.4.b].

497 Exhibit 53-03.006, Hearing Block 7, Department of Veterans' Affairs, Response to Notice to
Give, NTG-OPA-003, DVA.9999.0024.0001 at 0010 [8.7.c, 8.10].

498 Exhibit 89-01.001, Hearing Block 12, Jeffery John Sengelman, Response to Notice to Give,
NTG-JSL-001, JSL.0000.0001.0001 at 0016 [64].

499 Exhibit 75-02.009, Hearing Block 10, Department of Defence, Response to Notice to Produce,
NTP-ACA-001-04, LASER-Resilience Summary Report, ACA.1001.0006.0214 at 0225.

500 Exhibit 75-02.009, Hearing Block 10, Department of Defence, Response to Notice to Produce,
NTP-ACA-001-04, LASER-Resilience Summary Report, ACA.1001.0006.0214 at 0267.

501 Exhibit 75-02.009, Hearing Block 10, Department of Defence, Response to Notice to Produce,
NTP-ACA-001-04, LASER-Resilience Summary Report, ACA.1001.0006.0214 at 0267.

502 Exhibit 89-01.001, Hearing Block 12, Jeffery John Sengelman, Response to Notice to Give,
NTG-JSL-001, JSL.0000.0001.0001 at 0016 [64].

503 Exhibit K-01.034, Ellie Lawrence-Wood, Response to Notice to Give, NTG-ELA-001, ELA.0000.0001.0447 at 0458 [4].

504 Exhibit 101-03.095, Hearing Block 12, Department of Defence, Response to Notice to Give, NTG-DEF-231, DEF.9999.0150.0001 at 0004 [8], 0007 [Table 2.1, row 7].

505 STARRS-LS, 'Study to Assess Risk & Resilience in Servicemembers – Longitudinal Study', webpage, www/starrs-ls.org, viewed 21 March 2024 (Exhibit 101-03.033, Hearing Block 12, DVS.0012.0001.3091).

506 Transcript, Jennifer Wild, Hearing Block 12, 21 March 2024, p 97-9807 [11–41], 97-9808 [21–25].

507 Exhibit 90-02.083, Hearing Block 12, Department of Defence, Response to Notice to Give, NTG-DEF-262, DEF.9999.0183.0001 at 0002 [1].

508 Exhibit 90-02.083, Hearing Block 12, Department of Defence, Response to Notice to Give, NTG-DEF-262, DEF.9999.0183.0001 at 0002 [2], 0005 [12–13].

509 Exhibit 90-02.083, Hearing Block 12, Department of Defence, Response to Notice to Give, NTG-DEF-262, DEF.9999.0183.0001 at 0004 [7, 10].

510 Exhibit 89-01.001, Hearing Block 12, Jeffery John Sengelman, Response to Notice to Give, NTG-JSL-001, JSL.0000.0001.0001 at 0015 [61].

511 Productivity Commission, *A Better Way to Support Veterans*, No. 93, June 2019, vol 2, p 814 (Exhibit 01-01.11, Hearing Block 1, INQ.0000.0001.2780).

512 Transcript, Angus Campbell, Hearing Block 5, 24 June 2022, p 36-3452 [30–32].

513 Exhibit 75-04.001, Hearing Block 10, Department of Defence, Response to Notice to Give, NTG-DEF-097C, DEF.9999.0067.0009 at 0021 [54]; Exhibit B-01.014, Department of Defence, Response to Notice to Give, NTG-DEF-018, DEF.9999.0010.0008 at 0010 [6].

514 Exhibit K-01.076, Department of Defence, Response to Notice to Produce, NTP-DEF-266, ADF Health Strategy – Defence Health Research Framework: Implementation Review, DEF.1266.0001.0123 at 0144; Exhibit 101-03.089, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTP-DEF-351, Defence Health Research Governance Review Final Report, DEF.1351.0001.0486 at 0496.

515 Exhibit 101-03.089, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTP-DEF-351, Defence Health Research Governance Review Final Report, DEF.1351.0001.0486 at 0496.

516 Department of Defence, 'Health Research Framework 2021–2025', webpage, www.defence.gov.au/about/strategic-planning/health-research-framework-2021-2025, viewed 21 March 2024 (Exhibit 101-03.035, Hearing Block 12, DVS.0012.0001.3087); Exhibit 75-04.015, Hearing Block 10, Angus Campbell, Response to Notice to Produce, NTP-ACA-001-06, ADF Health Research Framework 2021-2025, ACA.1001.0005.0333 at 0335.

517 Exhibit 31-01.006, Hearing Block 4, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-002, DVA.0000.0001.0001 at 0037 [44.1–45.1]; Exhibit 75-04.011, Hearing Block 10, Department of Veterans' Affairs, Response to Notice to Produce, NTP-DVA-003, Strategic Research Framework 201921, DVA.5007.0001.0001 at 0001.

518 Exhibit 31-01.006, Hearing Block 4, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-002, DVA.0000.0001.0001 at 0036 [42.1].

519 Exhibit K-01.033, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-105A, DVA.9999.0099.0001 at 0007 [10.14]; Exhibit 31-01.006, Hearing Block 4, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-002, DVA.0000.0001.0001 at 0037 [45.1].

520 Productivity Commission, *A Better Way to Support Veterans*, No. 93, June 2019, Overview & Recommendations, p 76 (Exhibit 01-01.09, Hearing Block 1, INQ.0000.0001.2216).

521 Productivity Commission, *A Better Way to Support Veterans*, No. 93, June 2019, vol 2, p 785 (Exhibit 01-01.11, Hearing Block 1, INQ.0000.0001.2780).

522 Exhibit 22-05.013, Hearing Block 3, Australian Government, *Update to Government Response to Recommendations of the Productivity Commission Report*, DVA.0001.0001.0336 at 0339.

523 Department of Veterans' Affairs, *Interim Government Response to the Report of the Productivity Commission A Better Way to Support Veterans*, October 2020, p 7 (Exhibit 07-01.06, Hearing Block 1, PCO.0000.0001.1019).

524 Productivity Commission, *A Better Way to Support Veterans*, No. 93, June 2019, vol 2, p 814 (Exhibit 01-01.11, Hearing Block 1, INQ.0000.0001.2780).

525 Exhibit K-01.033, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-105A, DVA.9999.0099.0001 at 0004 [10.2–10.3].

- 526 Exhibit K-01.033, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-105A, DVA.9999.0099.0001 at 0007 [10.14]; Exhibit 31-01.006, Hearing Block 4, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-002, DVA.0000.0001.0001 at 0037 [45.1].
- 527 Exhibit K-01.033, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-105A, DVA.9999.0099.0001 at 0004–0005 [10.4–10.5].
- 528 PFLR-1.1 (Data, Commonwealth response), PFL.0033.0002.0001 at 0055–56.
- 529 Exhibit 31-01.006, Hearing Block 4, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-002, DVA.0000.0001.0001 at 0039 [48.7].
- 530 Productivity Commission, *A Better Way to Support Veterans*, No. 93, June 2019, vol 2, p 785 (Exhibit 01-01.11, Hearing Block 1, INQ.0000.0001.2780).
- 531 PFLR-1.1 (Data, Commonwealth response), PFL.0033.0002.0001 at 0030.
- 532 Productivity Commission, *A Better Way to Support Veterans*, No. 93, June 2019, vol 2, p 814 (Exhibit 01-01.11, Hearing Block 1, INQ.0000.0001.2780).
- 533 Transcript, Jeffery John Sengelman, Hearing Block 12, 7 March 2024, p 89–8850 [41–42].
- 534 Transcript, Jeffery John Sengelman, Hearing Block 12, 7 March 2024, p 89–8852 [10–13].
- 535 Department of Veterans' Affairs, 'Transition and Wellbeing Research Programme', webpage, last updated September 2020, www.dva.gov.au/about-us/overview/research/transition-and-wellbeing-research-programme, viewed 30 November 2023 (Exhibit K-01.106, DVS.2222.0001.2630)
- 536 Exhibit 31-01.006, Hearing Block 4, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-002, DVA.0000.0001.0001 at 0033 [37.1]; Exhibit F-04.020, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-052B, DVA.9999.0060.0078 at 0085 [21.1].
- 537 Exhibit 31-01.006, Hearing Block 4, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-002, DVA.0000.0001.0001 at 0033 [38.1]; Exhibit F-04.020, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-052B, DVA.9999.0060.0078 at 0086 [22.2].
- 538 Exhibit 75-04.001, Hearing Block 10, Department of Defence, Response to Notice to Give, NTG-DEF-097C, DEF.9999.0067.0009 at 0022 [59].
- 539 Exhibit 101-03.089, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTP-DEF-351, Defence Health Research Governance Review Final Report, DEF.1351.0001.0486 at 0496.
- 540 PFLR-1.1 (Data, Commonwealth response), PFL.0033.0002.0001 at 0031.
- 541 PFLR-1.1 (Data, Commonwealth response), PFL.0033.0002.0001 at 0032.
- 542 PFLR-1.1 (Data, Commonwealth response), PFL.0033.0002.0001 at 0032.
- 543 Productivity Commission, *A Better Way to Support Veterans*, No. 93, June 2019, Overview & Recommendations, p 36 (Exhibit 01-01.09, Hearing Block 1, INQ.0000.0001.2216).
- 544 Exhibit 28-02.02, Hearing Block 4, Department of Defence, Response to Notice to Give, NTG-DEF-001, DEF.9999.0001.0001 at 0031 [136].
- 545 Transcript, Justine Greig, Hearing Block 10, 24 July 2023, p 73–7082 [38–40].
- 546 Exhibit 98-01.045, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTP-DEF-376, Defence People Committee 16 November 2023 Outcomes, DEF.1376.0002.0043 at 0051 [51].
- 547 Exhibit 90-02.035, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTP-DEF-347-01, Assessment of Population Wide Survey Measures and Data Collection Approaches, DEF.1347.0002.0064 at 0083; Exhibit N-01.019, Department of Defence, Response to Notice to Produce, NTP-DEF-152-05, Outcomes and Actions – 2 March 2023, DEF.1152.0005.0006 at 0007.
- 548 Exhibit 16-01.024, Hearing Block 3, Department of Defence, Response to Notice to Produce, NTP-DEF-008, *2018 Workplace Behaviour Surveillance Report*, DEF.1000.8001.6539 at 6548.
- 549 Exhibit 90-02.035, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTP-DEF-347-01, Assessment of Population Wide Survey Measures and Data Collection Approaches, DEF.1347.0002.0064 at 0143.
- 550 Exhibit K-01.078, Department of Defence, Response to Notice to Produce, NTP-DEF-180A-01, Workplace Behaviours Survey 2023: Participant Information and Consent, DEF.1180.0003.0549 at 0552–0555, 0588–0589.
- 551 Exhibit 85-01.004, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-142, DEF.9999.0115.0013 at 0018 [25]; Exhibit 16-1.08, Hearing Block 3,

Department of Defence, Response to Notice to Give, NTG-DEF-009, DEF.9999.0002.0001 at 0027–0028 [12].

552 Exhibit N-01.018, Defence YourSay Exit Survey data 2020-2022. DVSRC used data files supplied by Defence in response to Department of Defence Notice to Produce NTP-DEF-180B-1, NTP.DEF.180B-1.0001 at 0002.d.

553 Exhibit F-03.012, Department of Defence, Response to Notice to Produce, NTP-DEF-001, Workplace Behaviours Summary Report – September 2020, DEF.0001.0001.8423 at 8423–8425.

554 Exhibit N-01.018, Royal Commission analysis of YourSay Workplace Experience survey data from 2018 to 2022; Exhibit N-01.012, Defence response to Data Project – Validation of Defence Survey Data Analysis, 9 February 2024, DVS.0012.0001.3743 at 3746–3748 [Table 1.1–Table 1.3].

555 Transcript, Julie Adams, Hearing Block 8, 1 December 2022, p 58-5724 [7–19]; Transcript, Natasha Fox, Hearing Block 12, 20 March 2024, p 96-9646 [27–34], 96-9647 [46]–96-9648 [1].

556 Transcript, Megan MacKenzie, Hearing Block 3, 8 March 2022, p 17-1503 [7-15], p 17-1469 [6-8].

557 Transcript, Megan MacKenzie, Hearing Block 3, 8 March 2022, p 17-1503 [7-15].

558 Transcript, Megan MacKenzie, Hearing Block 3, 8 March 2022, p 17-1503 [7-15]; Exhibit B-01.014, Department of Defence, Response to Notice to Give, NTG-DEF-018, DEF.9999.0010.0008 at 0018 [31, 33], 0019 [Table 2].

559 Transcript, Megan MacKenzie, Hearing Block 3, 8 March 2022, p 17-1503 [7-15].

560 Exhibit B-01.014, Department of Defence, Response to Notice to Give, NTG-DEF-018, DEF.9999.0010.0008 at 0018 [32].

561 Exhibit K-01.032, Department of Defence, Response to Notice to Give, NTG-DEF-140, DEF.9999.0112.0001 at 0015 [35–36].

562 Transcript, Justine Greig, Hearing Block 10, 24 July 2023, p 73-7082 [8-13]; Exhibit 90-02.078, Hearing Block 12, Department of Defence, Response to Notice to Give, NTG-DEF-263, DEF.9999.0176.0001 at 0004 [13].

563 Exhibit 87-01.001, Hearing Block 12, Department of Defence, Response to Notice to Give, NTG-MYA-001, DEF.9999.0151.0202 at 0215 [59].

564 Exhibit 87-01.001, Hearing Block 12, Department of Defence, Response to Notice to Give, NTG-MYA-001, DEF.9999.0151.0202 at 0220–0221 [81g].

565 Transcript, Bradley Francis, Hearing Block 9, 17 May 2023, p 60-5890 [10–27].

566 Exhibit 90-02.035, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTP-DEF-347-01, Assessment of Population Wide Survey Measures and Data Collection Approaches, DEF.1347.0002.0064 at 0069.

567 Exhibit 90-02.035, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTP-DEF-347-01, Assessment of Population Wide Survey Measures and Data Collection Approaches, DEF.1347.0002.0064 at 0145.

568 Exhibit 90-02.035, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTP-DEF-347-01, Assessment of Population Wide Survey Measures and Data Collection Approaches, DEF.1347.0002.0064 at 0148.

569 Exhibit K-01.047, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-100, DVA.9999.0109.0001 at 0003 [3.1].

570 Exhibit K-01.047, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-100, DVA.9999.0109.0001 at 0007–0008 [4.1–4.8].

571 Department of the Treasury, 'Why evaluate', webpage, <https://evaluation.treasury.gov.au/toolkit/why-evaluate>, viewed 30 November 2023 (Exhibit K-01.107, DVS.2222.0001.2635).

572 Exhibit K-01.079, Department of Defence, Response to Notice to Produce, NTP-DVA-053-03, DVA Evaluation Framework, DVA.5043.0003.0001 at 0002.

573 Exhibit 101-03.093, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTP-DEF-376, Draft Monitoring and Evaluation Paper, DEF.1376.0001.1787 at 1787.

574 Exhibit 97.02.003, Hearing Block 12, Department of Defence, Response to Notice to Give, NTG-DEF-278, DEF.9999.0188.0010 at 0011 [1], 0012 [10], 0018 [17].

575 Exhibit 97.02.003, Hearing Block 12, Department of Defence, Response to Notice to Give, NTG-DEF-278, DEF.9999.0188.0010 at 0019 [21d].

576 Exhibit 97.02.003, Hearing Block 12, Department of Defence, Response to Notice to Give, NTG-DEF-278, DEF.9999.0188.0010 at 0038 [54–55].

577 Exhibit 86-03.006, Hearing Block 12, Department of Defence, Response to Notice to Give, NTG-DEF-237, DEF.9999.0173.0001 at 0043 [Table 15.1].

578 Exhibit 90-02.036, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTP-DEF-347-01, Developmental Evaluation Report for the Defence Suicide Prevention Program, DEF.1347.0002.0463 at 0513.

579 Exhibit K-01.001, Department of Defence, Response to Notice to Give, NTG-DEF-230, DEF.9999.0150.0011 at 0018 [31].

580 Exhibit K-01.001, Department of Defence, Response to Notice to Give, NTG-DEF-230, DEF.9999.0150.0011 at 0012–0017 [2–30].

581 Exhibit 90-02.037, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTP-DEF-347-01, Final CIF Evaluation Project Report, DEF.1347.0002.0840 at 0845.

582 Exhibit 90-02.034, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTP-DEF-347-01, *Implementation Evaluation (RE-AIM) Report*, DEF.1347.0002.0001 at 0028.

583 Exhibit K-01.001, Department of Defence, Response to Notice to Give, NTG-DEF-230, DEF.9999.0150.0011 at 0012 [1].

584 Exhibit K-01.001, Department of Defence, Response to Notice to Give, NTG-DEF-230, DEF.9999.0150.0011 at 0014 [10].

585 Transcript, Matt Yannopoulos, Hearing Block 12, 5 March 2024, p 87-8551 [14–17].

586 Exhibit 90-02.037, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTP-DEF-347-01, Final CIF Evaluation Project Report, DEF.1347.0002.0840 at 0845.

587 Exhibit 90-02.037, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTP-DEF-347-01, Final CIF Evaluation Project Report, DEF.1347.0002.0840 at 0863.

588 Transcript, Sonya Bennett, Hearing Block 12, 21 March 2024, pp 97-9860 [29]–97-9861 [5].

589 Exhibit 28-03.02, Hearing Block 4, Department of Defence, Response to Notice to Produce, NTP-DEF-001, University of Canberra Interim Report, DEF.0001.0008.0073 at 0090–0091.

590 Exhibit 90-02.034, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTP-DEF-347-01, *Implementation Evaluation (RE-AIM) Report*, DEF.1347.0002.0001 at 0032.

591 PFLR-23.2 (Data tranche 2, Commonwealth response), PFL.0033.0002.0220 at 0240.

592 Exhibit 101-03.086, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTP-DEF-289, Research Agreement, DEF.1289.0002.0001 at 0003, 0012.

593 Exhibit K-01.079, Department of Defence, Response to Notice to Produce, NTP-DVA-053-03, DVA Evaluation Framework, DVA.5043.0003.0001 at 0003.

594 Productivity Commission, *A Better Way to Support Veterans*, No. 93, June 2019, Overview & Recommendations, p 36 (Exhibit 01-01.09, Hearing Block 1, INQ.0000.0001.2216).

595 Productivity Commission, *A Better Way to Support Veterans*, No. 93, June 2019, Overview & Recommendations, p 76 (Exhibit 01-01.09, Hearing Block 1, INQ.0000.0001.2216).

596 Department of Veterans' Affairs, *Annual Report 2022-23*, October 2023, p 6 (Exhibit 93-02.018, Hearing Block 12, DVS.0011.0001.0950).

597 Exhibit F-04.020, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-052B, DVA.9999.0060.0078 at 0093 [28.1].

598 Exhibit F-04.020, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-052B, DVA.9999.0060.0078 at 0092 [27.4].

599 Exhibit F-04.020, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-052B, DVA.9999.0060.0078 at 0084 [18.9].

600 Transcript, Leanne Cameron, Hearing Block 7, 27 October 2022, pp 54-5207 [8]–54-5208 [13]; Transcript, Leonie Nowland, Hearing Block 4, 12 April 2022, p 29-2754 [16–21]; Exhibit 53-03.005, Hearing Block 7, Department of Veterans' Affairs, Response to Notice to Give, NTG-OPA-002, DVA.9999.0021.0005 at 0013 [3.7].

601 Exhibit 53-03.005, Hearing Block 7, Department of Veterans' Affairs, Response to Notice to Give, NTG-OPA-002, DVA.9999.0021.0005 at 0013 [3.7].

602 Exhibit 53-03.006, Hearing Block 7, Department of Veterans' Affairs, Response to Notice to Give, NTG-OPA-003, DVA.9999.0024.0001 at 0014 [11.7–11.8].

603 Exhibit 90-02.039, Hearing Block 12, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-149, DVA.9999.0130.0019 at 0023 [3.17].

604 Exhibit 90-02.039, Hearing Block 12, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-149, DVA.9999.0130.0019 at 0023–0024 [3.19].

605 Exhibit 90-02.039, Hearing Block 12, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-149, DVA.9999.0130.0019 at 0022–0023 [3.14].

606 Department of Health and Aged Care, *Department of Health and Aged Care Evaluation Strategy 2023–2026*, July 2023 (Exhibit K-01.108, DVS.2222.0001.2641 at 2641).

607 Department of Health and Aged Care, *Department of Health and Aged Care Evaluation Strategy 2023–2026*, July 2023 (Exhibit K-01.108, DVS.2222.0001.2641 at 2646, 2651 [Table 1], 2656).]

608 Exhibit F-04.020, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-052B, DVA.9999.0060.0078 at 0091–0092 [27.1].

609 Exhibit K-01.080, Department of Veterans' Affairs, Response to Notice to Produce, NTP-DVA-053-03, Program Evaluation & Review Plan, DVA.5043.0003.0085 at 0088, 0090.

610 Exhibit K-01.080, Department of Veterans' Affairs, Response to Notice to Produce, NTP-DVA-053-03, Program Evaluation & Review Plan, DVA.5043.0003.0085 at 0088.

611 Department of the Treasury, 'Why evaluate', webpage, <https://evaluation.treasury.gov.au/toolkit/why-evaluate>, viewed 30 November 2023 (Exhibit K-01.107, DVS.2222.0001.2635); Exhibit K-01.146, Department of Defence, Response to Notice to Produce, NTP-DEF-033, University of Canberra Interim Evaluation Report March 2021, DEF.1033.0002.0394 at 0418.

612 Transcript, Myfanwy Maple, Hearing Block 3, 17 March 2022, p 23-2073 [1–5]; Exhibit 75-04.015, Hearing Block 10, Angus Campbell, Response to Notice to Produce, NTP-ACA-001-06, ADF Health Research Framework 2021-2025, ACA.1001.0005.0333 at 0344; Transcript, Ellie Lawrence-Wood, Hearing Block 5, 24 June 2022, p 36-3527 [31–39].

613 Transcript, Ellie Lawrence-Wood, Hearing Block 5, 24 June 2022, p 36-3527 [31–39].

614 Transcript, Ellie Lawrence-Wood, Hearing Block 5, 24 June 2022, p 36-3527 [35–39].

615 Transcript, Ellie Lawrence-Wood, Hearing Block 5, 24 June 2022, pp 36-3527 [39]–36-3528 [3].

616 Exhibit F-04.020, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-052B, DVA.9999.0060.0078 at 0084–0085 [20.2].

617 Exhibit F-04.020, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-052B, DVA.9999.0060.0078 at 0084 [19.1].

618 Exhibit 90-02.069, Hearing Block 12, Department of Veterans' Affairs, Response to Notice to Produce, NTP-DVA-009-04, DVA.5011.0007.6429 at 6432–6433; Exhibit 90-02.072, Hearing Block 12, Department of Veterans' Affairs, Response to Notice to Produce, NTP-DVA-009, DVA.5011.0004.5012 at 5014–5015; Exhibit 90-02.073, Hearing Block 12, Department of Veterans' Affairs, Response to Notice to Produce, NTP-DVA-009, DVA.5011.0004.9753 at 9756.

619 Exhibit 90-02.039, Hearing Block 12, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-149, DVA.9999.0130.0019 at 0022 [3.12].

620 Exhibit 75-04.015, Hearing Block 10, Angus Campbell, Response to Notice to Produce, NTP-ACA-001-06, ADF Health Research Framework 2021-2025, ACA.1001.0005.0333 at 0344.

621 Exhibit 75-04.015, Hearing Block 10, Angus Campbell, Response to Notice to Produce, NTP-ACA-001-06, ADF Health Research Framework 2021-2025, ACA.1001.0005.0333 at 0344.

622 Exhibit 75-04.015, Hearing Block 10, Angus Campbell, Response to Notice to Produce, NTP-ACA-001-06, ADF Health Research Framework 2021-2025, ACA.1001.0005.0333 at 0345.

623 Exhibit K-01.076, Department of Defence, Response to Notice to Produce, NTP-DEF-266, ADF Health Strategy – Defence Health Research Framework: Implementation Review, DEF.1266.0001.0123 at 0137, 0145; Exhibit 75-04.001, Hearing Block 10, Department of Defence, Response to Notice to Give, NTG-DEF-097C, DEF.9999.0067.0009 at 0017 [31, 34, 35].

624 Exhibit 35-02.002, Hearing Block 5, Angus Campbell, Response to Notice to Give, NTG-ACA-001, DEF.9999.0011.0344 at 0371 [74a].

625 Transcript, Jennifer Wild, Hearing Block 12, 21 March 2024, pp 97-9815 [33]–97-9816 [3].

626 Exhibit 101-03.089, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTP-DEF-351-01, Defence Health Research Governance Review Final Report, DEF.1351.0001.0486 at 0489, 0498.

627 Exhibit 101-03.089, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTP-DEF-351-01, Defence Health Research Governance Review Final Report, DEF.1351.0001.0486 at 0497; Exhibit K-01.076, Department of Defence, Response to Notice

- to Produce, NTP-DEF-266, ADF Health Strategy – Defence Health Research Framework: Implementation Review, DEF.1266.0001.0123 at 0144.
- 628 Exhibit 101-03.089, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTP-DEF-351-01, Defence Health Research Governance Review Final Report, DEF.1351.0001.0486 at 0497–0498.
- 629 Exhibit 101-03.089, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTP-DEF-351-01, Defence Health Research Governance Review Final Report, DEF.1351.0001.0486 at 0498.
- 630 Exhibit K-01.076, Department of Defence, Response to Notice to Produce, NTP-DEF-266, ADF Health Strategy – Defence Health Research Framework: Implementation Review, DEF.1266.0001.0123 at 0140–0142.
- 631 Exhibit 75-04.001, Hearing Block 10, Department of Defence, Response to Notice to Give, NTG-DEF-097C, DEF.9999.0067.0009 at 0021 [56].
- 632 Exhibit 101-03.100, Hearing Block 12, Correspondence to the Royal Commission from the Australian Government Solicitor, 16 January 2024, DVS.0000.0001.7210 at 7210.
- 633 Exhibit 90-02.039, Hearing Block 12, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-149, DVA.9999.0130.0019 at 0025 [4.1].
- 634 Exhibit 90-02.039, Hearing Block 12, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-149, DVA.9999.0130.0019 at 0025–0026 [4.2–4.4].
- 635 Exhibit K-01.001, Department of Defence, Response to Notice to Give, NTG-DEF-230, DEF.9999.0150.0011 at 0012 [1].
- 636 Exhibit K-01.001, Department of Defence, Response to Notice to Give, NTG-DEF-230, DEF.9999.0150.0011 at 0012 [1].
- 637 Exhibit K-01.081, Department of Veterans' Affairs, Response to Notice to Produce, NTP-DVA-028, DVA Defence Joint Research Agenda – Schedule 23, DVA.5016.0001.0384 at 0384.
- 638 Exhibit K-01.081, Department of Veterans' Affairs, Response to Notice to Produce, NTP-DVA-028, DVA Defence Joint Research Agenda – Schedule 23, DVA.5016.0001.0384 at 0387.
- 639 Exhibit K-01.081, Department of Veterans' Affairs, Response to Notice to Produce, NTP-DVA-028, DVA Defence Joint Research Agenda – Schedule 23, DVA.5016.0001.0384 at 0387.
- 640 Exhibit K-01.025, Department of Defence, Response to Notice to Give, NTG-DEF-197, DEF.9999.0125.0067 at 0068 [3–4].
- 641 Exhibit N-01.020, Department of Veterans' Affairs, Response to Notice to Produce, NTP-DVA-009, Research Schedule to MoU, DVA.5011.0002.2489 at 2489; Exhibit K-01.081, Department of Veterans' Affairs, Response to Notice to Produce, NTP-DVA-028, DVA Defence Joint Research Agenda – Schedule 23, DVA.5016.0001.0384 at 0384.
- 642 Exhibit K-01.082, Department of Veterans' Affairs, Response to Notice to Produce, NTP-DVA-028, DVA Defence MOU – Extension letter, DVA.5016.0001.0220 at 0220; Exhibit K-01.150, Department of Defence, Response to Notice to Produce, NTP-DEF-266, Detailed action planning for implementation, DEF.1266.0001.0147 at 0151.
- 643 Exhibit K-01.025, Department of Defence, Response to Notice to Give, NTG-DEF-197, DEF.9999.0125.0067 at 0069 [7–8]; Exhibit K-01.033, Department of Veterans' Affairs, Response to NTG-DVA-105A, DVA.9999.0099.0001 at 0004 [9.1].
- 644 Exhibit 35-02.002, Hearing Block 5, Angus Campbell, Response to Notice to Give, NTG-ACA-001, DEF.9999.0011.0344 at 0424 [277].
- 645 Exhibit 35-02.002, Hearing Block 5, Angus Campbell, Response to Notice to Give, NTG-ACA-001, DEF.9999.0011.0344 at 0424 [278], 0475 [503].
- 646 Transcript, Jeffery John Sengelman, Hearing Block 12, 7 March 2024, p 89-8850 [38–41]; Exhibit 89-01.001, Hearing Block 12, Jeffery John Sengelman, Response to Notice to Give, NTG-JSL-001, JSL.0000.0001.0001 at 0015 [61].
- 647 Exhibit 90-02.028, Hearing Block 12, Department of Defence, Response to Notice to Give, NTG-DEF-256, DEF.9999.0170.0001 at 0002 [2–3].
- 648 Exhibit 90-02.028, Hearing Block 12, Department of Defence, Response to Notice to Give, NTG-DEF-256, DEF.9999.0170.0001 at 0002 [2].
- 649 Exhibit 90-02.028, Hearing Block 12, Department of Defence, Response to Notice to Give, NTG-DEF-256, DEF.9999.0170.0001 at 0003 [5].

650 Exhibit 88-02.026, Hearing Block 12, Department of Veterans' Affairs, Response to Notice to Produce, NTP-DVA-136-01, Suicide Prevention Expert Advisory Group – Terms of Reference, DVA.0055.0002.0004 at 0004.

651 Exhibit 88-02.026, Hearing Block 12, Department of Veterans' Affairs, Response to Notice to Produce, NTP-DVA-136-01, Suicide Prevention Expert Advisory Group – Terms of Reference, DVA.0055.0002.0004 at 0006.

652 Transcript, Sonya Bennett, Hearing Block 12, 21 March 2024, p 97-9879 [3–19].

653 Exhibit 90-02.039, Hearing Block 12, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-149, DVA.9999.0130.0019 at 0020 [2.2], 0022 [3.9, 3.10, 3.14].

654 Exhibit K-01.034, Ellie Lawrence-Wood, Response to Notice to Give, NTG-ELA-001, ELA.0000.0001.0447 at 0454 [3]; Exhibit K-01.153, Alexander McFarlane, Response to Notice to Produce, NTP-AMF-006, Outline of Possible Interventions Arising from the TWRP Study, AMF.0000.0001.0648 at 0648.

655 Exhibit 90-02.029, Hearing Block 12, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-107, DVA.9999.0137.0001 at 0001 [15b].

656 Exhibit K-01.034, Ellie Lawrence-Wood, Response to Notice to Give, NTG-ELA-001, ELA.0000.0001.0447 at 0458 [4].

657 Exhibit K-01.034, Ellie Lawrence-Wood, Response to Notice to Give, NTG-ELA-001, ELA.0000.0001.0447 at 0454 [3].

658 Exhibit K-01.034, Ellie Lawrence-Wood, Response to Notice to Give, NTG-ELA-001, ELA.0000.0001.0447 at 0457–0458 [4]; Transcript, Alexander McFarlane, Hearing Block 1, 1 December 2021, p 3-271 [23–28]; Transcript, Alexander McFarlane, Hearing Block 12, 22 March 2024, p 98-9906 [8–14].

659 Transcript, Alexander McFarlane, Hearing Block 12, 22 March 2024, p 98-9906 [24–36].

660 Productivity Commission, *A Better Way to Support Veterans*, No. 93, June 2019, Overview & Recommendations, p 77 (Exhibit 01-01.09, Hearing Block 1, INQ.0000.0001.2216).

661 Productivity Commission, *A Better Way to Support Veterans*, No. 93, June 2019, vol 2, pp 815–16 (Exhibit 01-01.11, Hearing Block 1, INQ.0000.0001.2780).

662 Productivity Commission, *A Better Way to Support Veterans*, No. 93, June 2019, vol 2, pp 815–16 (Exhibit 01-01.11, Hearing Block 1, INQ.0000.0001.2780).

663 Department of Veterans' Affairs, *Update to Government Response to Recommendations of the Productivity Commission Report*, p 4 (Exhibit 22-05.13, Hearing Block 1, DVA.0001.0001.0336).

664 Exhibit 16-1.60, Hearing Block 3, Department of Defence, Response to Notice to Give, NTG-DEF-008, DEF.9999.0001.0263 at 0286 [4 (1)].

665 Exhibit 22-05.01, Hearing Block 3, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-002, DVA.0000.0001.0001 at 0039 [48.3]; Exhibit 22-05.003, Hearing Block 3, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-007, DVA.9999.0003.0001 at 0063 [3a]; Exhibit K-01.033, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-105A, DVA.9999.0099.0001 at 0005 [10.6], 0007 [10.12].

666 Exhibit F-04.015, Commonwealth of Australia, Response to Notice to Give, NTG-CTH-002, CTH.9999.0002.0001 at 0121.

667 Exhibit K-01.033, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-105A, DVA.9999.0099.0001 at 0007 [10.15]; Exhibit 22-05.01, Hearing Block 3, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-002, DVA.0000.0001.0001 at 0039 [51.1].

668 PFLR-1.1 (Data, Commonwealth response), PFL.0033.0002.0001 at 0037.

669 Phoenix Australia, 'Five Eyes International Collaboration', webpage, www.phoenixaustralia.org/research-projects/five-eyes-international-collaboration, viewed 21 March 2024 (Exhibit 101-03.036, Hearing Block 12, DVS.0012.0001.3029).

670 PFLR-1.1 (Data, Commonwealth response), PFL.0033.0002.0001 at 0037.

671 Exhibit 75-04.015, Hearing Block 10, Angus Campbell, Response to Notice to Produce, NTP-ACA-001-06, ADF Health Research Framework 2021-2025, ACA.1001.0005.0333 at 0335.

672 Veterans' Support Act 2014 (NZ) s 260; Veterans' Affairs New Zealand, 'Veterans' Medical Research Trust Fund', webpage, www.veteransaffairs.mil.nz/about-veterans-affairs/our-partners-and-the-veteran-sector/boards-and-panels/veterans-health-advisory-panel/

- veterans-medical-research-trust-fund, viewed 30 November 2023 (Exhibit K-01.110, DVS.2222.0001.2667).
- 673 Veterans' Affairs New Zealand, 'Guiding Principles for Investment', webpage, p 2, www.veteransaffairs.mil.nz/assets/Documents/Guiding-Principles-for-Investment-2.pdf, viewed 30 November 2023 (Exhibit K-01.111, DVS.2222.0001.2669).
- 674 Canadian Institute for Military and Veteran Research, 'Fundings', webpage, 2023, <https://cimvhr.ca/funders>, viewed 23 January 2024 (Exhibit 90-02.008, Hearing Block 12, DVS.3333.0001.1020); Canadian Institute for Military and Veteran Research, 'Funding', webpage, 2023, <https://cimvhr.ca/funding>, viewed 30 November 2023 (Exhibit K-01.112, DVS.2222.0001.2673).
- 675 Canadian Institute for Military and Veteran Research, 'Funding', webpage, 2023, <https://cimvhr.ca/funding>, viewed 30 November 2023 (Exhibit K-01.112, DVS.2222.0001.2673).
- 676 Canadian Institute for Military and Veteran Research, 'About', webpage, 2023, <https://cimvhrforum.ca/about>, viewed 23 January 2024 (Exhibit 90-02.014, Hearing Block 12, DVS.3333.0001.0780).
- 677 United States Department of Veterans Affairs, 'Suicide Prevention Research Impact NeTwork', webpage, www.hsrd.research.va.gov/centers/core/sprint, viewed 23 January 2024 (Exhibit 90-02.015, Hearing Block 12, DVS.3333.0001.1265).
- 678 United States Department of Veterans Affairs, 'Suicide Prevention Research Impact NeTwork', webpage, www.hsrd.research.va.gov/centers/core/sprint, viewed 23 January 2024 (Exhibit 90-02.015, Hearing Block 12, DVS.3333.0001.1265).
- 679 United States Department of Veterans Affairs, 'Military Suicide Research Consortium', webpage, www.hsrd.research.va.gov/centers/core/sprint/msrc.cfm, viewed 30 November 2023 (Exhibit K-01.115, DVS.2222.0001.2680).
- 680 War Related Illness and Injury Study Center, 'About the WRIISC', webpage, www.warrelatedillness.va.gov, viewed 30 November 2023 (Exhibit K-01.116, DVS.2222.0001.2684).
- 681 War Related Illness and Injury Study Center, 'Our Collaborating Partners', webpage, www.warrelatedillness.va.gov/WARRELATEDILLNESS/about-us/collaborators.asp, viewed 30 November 2023 (Exhibit K-01.117, DVS.2222.0001.2686).
- 682 Forces in Mind Trust Research Centre, 'About', webpage, www.fimt-rc.org/about, viewed 23 January 2024 (Exhibit 90-02.016, Hearing Block 12, DVS.3333.0001.0784); Forces in Mind Trust, *Forces in Mind Trust Impact Report 2022*, 2022, pp 10–11, <https://s31949.pcdn.co/wp-content/uploads/FIMT-IR-2022.1.pdf> (Exhibit 90-02.017, Hearing Block 12, DVS.3333.0001.1004).
- 683 Forces in Mind Trust Research Centre, 'FiMT Research Centre', webpage, www.fim-trust.org/research-centre, viewed 23 January 2024 (Exhibit 90-02.018, Hearing Block 12, DVS.3333.0001.1017).
- 684 National Suicide Prevention Adviser, *Connected and Compassionate: Implementing a national whole of governments approach to suicide prevention*, Final Advice, December 2020, p 55 (Exhibit 90-02.075, Hearing Block 12, STU.0000.0002.4990).
- 685 Exhibit 90-02.039, Hearing Block 12, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-149, DVA.9999.0130.0019 at 0022 [3.10].
- 686 Productivity Commission, *A Better Way to Support Veterans*, No. 93, June 2019, vol 2, p 814 (Exhibit 01-01.11, Hearing Block 1, INQ.0000.0001.2780).
- 687 Exhibit N-01.008, Australian Institute of Health and Welfare, Response to Notice to Give, NTG-AHW-012, AHW.9999.0006.0001 at 0001 [1a].
- 688 Exhibit N-01.007, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-171, DVA.9999.0155.0003 at 0003 [1.1–1.4].
- 689 Exhibit N-01.008, Australian Institute of Health and Welfare, Response to Notice to Give, NTG-AHW-012, AHW.9999.0006.0001 at 0001 [1b, 1c]; Exhibit N-01.007, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-171, DVA.9999.0155.0003 at 0003 [1.5–164].
- 690 Exhibit 88-02.026, Hearing Block 12, Department of Veterans' Affairs, Response to Notice to Produce, NTP-DVA-136-01, Suicide Prevention Expert Advisory Group – Terms of Reference, DVA.0055.0002.0004 at 0005.
- 691 Exhibit K-01.086, Department of Defence, Response to Notice to Produce, NTP-DEF-130-03, Terms of Reference – Defence Lived Experience Framework Working Group, DEF.1130.0003.0001 at 0001 [2–4].

- 692 Exhibit K-01.086, Department of Defence, Response to Notice to Produce, NTP-DEF-130-03, Terms of Reference – Defence Lived Experience Framework Working Group, DEF.1130.0003.0001 at 0001 [3–4].
- 693 Exhibit K-01.087, Department of Defence, Response to Notice to Produce, NTP-DEF-266, Lived Experience Working Group – Minutes for Meeting 27 July 2023, DEF.1266.0001.0015 at 0018 [7j].
- 694 Exhibit K-01.087, Department of Defence, Response to Notice to Produce, NTP-DEF-266, Lived Experience Working Group – Minutes for Meeting 27 July 2023, DEF.1266.0001.0015 at 0018 [7j].
- 695 Exhibit K-01.086, Department of Defence, Response to Notice to Produce, NTP-DEF-130-03, Terms of Reference – Defence Lived Experience Framework Working Group, DEF.1130.0003.0001 at 0002 [6].
- 696 Exhibit K-01.027, Department of Defence, Response to Notice to Give, NTG-DEF-196, DEF.9999.0129.0001 at 0007 [16].
- 697 Exhibit K-01.027, Department of Defence, Response to Notice to Give, NTG-DEF-196, DEF.9999.0129.0001 at 0002 [2]; Exhibit N-01.021, Department of Veterans' Affairs, Response to Notice to Produce, NTP-DVA-141-01, DVA.5086.0001.0071 at 0079.
- 698 Exhibit 90-02.036, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTP-DEF-347-01, Developmental Evaluation Report for the Defence Suicide Prevention Program, DEF.1347.0002.0463 at 0488.
- 699 Exhibit K-01.047, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-100, DVA.9999.0109.0001 at 0038 [18.10].
- 700 Exhibit K-01.047, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-100, DVA.9999.0109.0001 at 0038 [18.10].
- 701 Exhibit K-01.047, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-100, DVA.9999.0109.0001 at 0038 [18.9]; Exhibit 90-02.081, Hearing Block 12, Department of Veterans' Affairs, Response to Notice to Produce, NTP-DVA-137-01, DVA Lived Experience Framework as endorsed by EMB, DVA.0056.0001.0001 at 0001.
- 702 Exhibit K-01.047, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-100, DVA.9999.0109.0001 at 0038 [18.9]; Exhibit 90-02.081, Hearing Block 12, Department of Veterans' Affairs, Response to Notice to Produce, NTP-DVA-137-01, DVA Lived Experience Framework as endorsed by EMB, DVA.0056.0001.0001 at 0018.
- 703 Exhibit 90-02.060, Hearing Block 12, Department of Veterans' Affairs, Response to Notice to Produce, NTP-DVA-079-02, Lived Experience Framework, DVA.5057.0001.1401 at 1415; Exhibit 90-02.081, Hearing Block 12, Department of Veterans' Affairs, Response to Notice to Produce, NTP-DVA-137, DVA Lived Experience Framework as endorsed by EMB, DVA.0056.0001.0001 at 0004.
- 704 Royal Commission into Victoria's Mental Health System, *Collaboration to support good mental health and wellbeing*, February 2021, vol 2, p 335 (Exhibit 90-02.027, Hearing Block 12, DVS.3333.0001.1508).
- 705 Royal Commission into Victoria's Mental Health System, *Collaboration to support good mental health and wellbeing*, February 2021, vol 2, p 335 (Exhibit 90-02.027, Hearing Block 12, DVS.3333.0001.1508).
- 706 Exhibit K-01.034, Ellie Lawrence-Wood, Response to Notice to Give, NTG-ELA-001, ELA.0000.0001.0447 at 0449 [2a]; Exhibit K-01.084, Department of Defence, Response to Notice to Produce, NTP-DEF-266, Joint Review of the Departments of Defence and Veterans' Affairs Human Research Ethics Committee, DEF.1266.0001.0184 at 0186, 0194; Exhibit 90-02.034, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTP-DEF-347-01, *Implementation Evaluation (RE-AIM) Report*, DEF.1347.0002.0001 at 0005; Exhibit 101-03.089, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTP-DEF-351, Defence Health Research Governance Review Final Report, DEF.1351.0001.0486 at 0496–0498.
- 707 Exhibit K-01.083, Department of Defence, Response to Notice to Produce, NTP-DEF-178, Departments of Defence and Veterans' Affairs Human Research Ethics Committee Terms of Reference. DEF.1178.0001.0966 at 0966 [2].
- 708 Exhibit K-01.084, Department of Defence, Response to Notice to Produce, NTP-DEF-266, Joint Review of the Departments of Defence and Veterans' Affairs Human Research Ethics Committee, DEF.1266.0001.0184 at 0191.

709 Exhibit K-01.084, Department of Defence, Response to Notice to Produce, NTP-DEF-266,
Joint Review of the Departments of Defence and Veterans' Affairs Human Research Ethics
Committee, DEF.1266.0001.0184 at 0189.

710 Exhibit K-01.025, Department of Defence, Response to Notice to Give, NTG-DEF-197,
DEF.9999.0125.0067 at 0071 [Table 5.1].

711 Exhibit K-01.076, Department of Defence, Response to Notice to Produce, NTP-DEF-266,
ADF Health Strategy – Defence Health Research Framework: Implementation Review,
DEF.1266.0001.0123 at 0144.

712 Exhibit K-01.076, Department of Defence, Response to Notice to Produce, NTP-DEF-266,
ADF Health Strategy – Defence Health Research Framework: Implementation Review,
DEF.1266.0001.0123 at 0142.

713 Exhibit K-01.076, Department of Defence, Response to Notice to Produce, NTP-DEF-266,
ADF Health Strategy – Defence Health Research Framework: Implementation Review,
DEF.1266.0001.0123 at 0142.

714 PFLR-23.2 (Data tranche 2, Commonwealth response), PFL.0033.0002.0220 at 0264.

715 PFLR-23.2 (Data tranche 2, Commonwealth response), PFL.0033.0002.0220 at 0264.

716 PFLR-23.2 (Data tranche 2, Commonwealth response), PFL.0033.0002.0220 at 0262.

717 Exhibit ZZ-03.006, Department of Veterans' Affairs, Response to Notice to Give,
NTG-DVA-177, DVA.9999.0167.0003 at 0007 [3.10, 3.11].

718 Exhibit ZZ-01.005, Department of Veterans' Affairs, Response to Notice to Give,
NTG-DVA-177, DVA.9999.0167.0003 at 0007 [3.8].

719 Exhibit ZZ-01.005, Department of Veterans' Affairs, Response to Notice to Give,
NTG-DVA-177, DVA.9999.0167.0003 at 0019 [11.2.2]; Exhibit N-01.027, Department of
Veterans' Affairs, Response to Notice to Produce, NTP-DVA-141-03, Extension of ethical
approval – E016/007, DVA.0059.0001.0037 at 0037.

720 Australian Information Commissioner, 'ADJ' and The Secretary to the Department of Veterans'
Affairs (Privacy) [2023] AICmr 29 (26 April 2023).

721 Exhibit N-01.024, Department of Veterans' Affairs, Response to Notice to Produce,
NTP-DVA-134-04, Withdrawal of ethics approval – E016/007, DVA.5084.0001.0375 at 0375.

722 Exhibit N-01.024, Department of Veterans' Affairs, Response to Notice to Produce,
NTP-DVA-134-04, Withdrawal of ethics approval – E016/007, DVA.5084.0001.0375 at 0375.

723 Transcript, Louise Gates, Hearing Block 3, 9 March 2022, p 18-1631 [17–23].

724 Transcript, Monique Hamilton, Hearing Block 4, 11 April 2022, p 28-2635 [31–38].

725 PFLR-1.1 (Data, Commonwealth response), PFL.0033.0002.0001 at 0053.

726 Exhibit 20-03.24, Hearing Block 3, Department of Defence, Response to Notice to Produce,
NTP-DEF-029, Australian Government Response to the National Mental Health Commission
Review into the Suicide and Self-Harm Prevention Services Available to Current and Former
Serving ADF Members and their Families, DEF.1029.0001.0360 at 0410.

727 Australian Bureau of Statistics, 'Australian Defence Force service: 2021 Census',
webpage, June 2022, www.abs.gov.au/articles/australian-defence-force-service, viewed
30 November 2023 (Exhibit F-04.048, DVS.1111.0001.2076).

728 Australian Bureau of Statistics, 'Australian Defence Force service: 2021 Census',
webpage, June 2022, www.abs.gov.au/articles/australian-defence-force-service, viewed
30 November 2023 (Exhibit F-04.048, DVS.1111.0001.2076).

729 A Flego and others, *Suicide and self-harm monitoring of the serving and ex-serving Australian
Defence Force member population – Part 1: The data landscape and short-term opportunities*,
commissioned by the Royal Commission into Defence and Veteran Suicide, June 2022
(Exhibit K-01.048, DVS.2222.0001.1292 at 1395).

730 Exhibit K-01.072, Australian Bureau of Statistics, Response to Notice to Produce,
NTP-ABS-002-01, Multi-Agency Data Integration Project (MADIP), ABS.0001.0001.0101
at 0101.

731 Exhibit K-01.072, Australian Bureau of Statistics, Response to Notice to Produce,
NTP-ABS-002-01, Multi-Agency Data Integration Project (MADIP), ABS.0001.0001.0101
at 0101.

732 Exhibit K-01.029, Department of Veterans' Affairs, Response to Notice to Give,
NTG-DVA-105B, DVA.9999.0103.0001 at 0004 [15].

733 Exhibit K-01.073, Australian Bureau of Statistics, Response to Notice to Produce,
NTP-ABS-002-01, 2026 Census topic review: Phase one directions, ABS.0001.0001.0011
at 0038.

- 734 Transcript, Monique Hamilton, Hearing Block 4, 11 April 2022, p 28-2635 [31–38]; PFLR-1.1 (Data, Commonwealth response), PFL.0033.0002.0001 at 0053.
- 735 Transcript, Monique Hamilton, Hearing Block 4, 11 April 2022, p 28-2635 [31–38].
- 736 Royal Commission into Defence and Veteran Suicide, *Interim Report*, August 2022, p 66.
- 737 Australian War Memorial, 'Vietnam War 1962-1975', webpage, www.awm.gov.au/articles/event/vietnam, viewed 30 November 2023 (Exhibit K-01.124, DVS.2222.0001.3372).
- 738 Exhibit 82-03.034, Hearing Block 11, Northern Territory Department of the Chief Minister and Cabinet, Response to Notice to Give, NTG-NTC-003, NTC.0000.0001.0226 at 0233 [13]; Exhibit 82-03.035, Hearing Block 11, Tasmanian Department of Premier and Cabinet, Response to Notice to Give, NTG-TSP-001, TSP.0000.0001.0001 at 0002 [2].
- 739 Exhibit L-01.017, Department of Defence, Response to Notice to Give, NTG-DEF-201, DEF.9999.0146.0001 at 0029 [89].
- 740 Exhibit 90-02.084, Hearing Block 12, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-168, DVA.9999.0147.0004 at 0004 [1.1].
- 741 Exhibit 82-03.032, Hearing Block 11, New South Wales Department of Communities and Justice, Response to Notice to Give, NTG-DCJ-003, DCJ.0003.0001.0001 at 0004 [2b]; Exhibit 78-01.003, Hearing Block 11, State of Victoria, Response to Notice to Give, NTG-VIC-003, VIC.0003.0001.0001 at 0009 [2b]; Exhibit 82-03.031, Hearing Block 11, Queensland Department of Communities, Housing and Digital Economy, Response to Notice to Give, NTG-QPC-001, QPC.0000.0001.0001 at 0004 [2.1.B]; Exhibit 69-02.002, Hearing Block 10, Defence South Australia, Response to Notice to Give, NTG-VSA-002, VSA.0002.0001.0001 at 0019 [16b]; Exhibit 82-03.033, Hearing Block 11, Western Australia, Department of Jobs, Tourism, Science and Innovation, Response to Notice to Give, NTG-WAJ-003, WAJ.0003.0001.0001 at 0003 [2b]; Exhibit 82-03.035, Hearing Block 11, Tasmanian Department of Premier and Cabinet, Response to Notice to Give, NTG-TSP-001, TSP.0000.0001.0001 at 0002 [2b]; Exhibit 82-03.034, Hearing Block 11, Northern Territory Department of the Attorney-General and Justice, Response to Notice to Give, NTG-NTC-003, NTC.0000.0001.0226 at 0233 [13].
- 742 Exhibit 82-03.033, Hearing Block 11, Western Australia Department of Jobs, Tourism, Science and Innovation, Response to Notice to Give, NTG-WAJ-003, WAJ.0003.0001.0001 at 0003 [2b].
- 743 Exhibit 82-03.030, Hearing Block 11, Australian Capital Territory Community Services Directorate, Response to Notice to Give, NTG-ACC-002, ACC.0000.0001.0042 at 0045 [2b].
- 744 Exhibit K-01.030, Australian Bureau of Statistics, Response to Notice to Give, NTG-ABS-003, ABS.9999.0003.0001 at 0001–0002 [6].
- 745 Exhibit K-01.073, Australian Bureau of Statistics, Response to Notice to Produce, NTP-ABS-002-01, 2026 Census topic review: Phase one directions, ABS.0001.0001.0011 at 0020.
- 746 Exhibit K-01.030, Australian Bureau of Statistics, Response to Notice to Give, NTG-ABS-003, ABS.9999.0003.0001 at 0003 [13–14].
- 747 Nick Kaldas, 'The tragedy of veteran suicide: How Australia has failed its finest', Address to the National Press Club, 13 September 2023 (Exhibit K-01.098, DVS.2222.0001.1887); Royal Commission into Defence and Veteran Suicide, *Interim Report*, August 2022, pp 307–312.
- 748 Exhibit 82-03.032, Hearing Block 11, New South Wales Department of Communities and Justice, Response to Notice to Give, NTG-DCJ-003, DCJ.0003.0001.0001 at 0004 [2b]; Transcript, Anthony Plummer, Hearing Block 11, 30 August 2023, p 78-7529 [21–29].
- 749 Exhibit K-01.030, Australian Bureau of Statistics, Response to Notice to Give, NTG-ABS-003, ABS.9999.0003.0001 at 0001 [2–3].
- 750 PFLR-1.1 (Data, Commonwealth response), PFL.0033.0002.0001 at 0053.
- 751 A Flego and others, *Suicide and self-harm monitoring of the serving and ex-serving Australian Defence Force member population – Part 1: The data landscape and short-term opportunities*, commissioned by the Royal Commission into Defence and Veteran Suicide, June 2022 (Exhibit K-01.048, DVS.2222.0001.1292 at 1394).
- 752 Australian Bureau of Statistics, 'National Health Survey', webpage, 15 December 2023, www.abs.gov.au/statistics/health/health-conditions-and-risks/national-health-survey/latest-release, viewed 23 January 2024 (Exhibit 90-02.019, Hearing Block 12, DVS.3333.0001.1110).
- 753 Australian Bureau of Statistics, 'National Study of Mental Health and Wellbeing', webpage, October 2023, www.abs.gov.au/statistics/health/mental-health/national-study-

- mental-health-and-wellbeing/2020-2022, viewed 30 November 2023 (Exhibit K-01.099, DVS.2222.0001.1902).
- 754 Australian Bureau of Statistics, 'General Social Survey: Summary Results, Australia methodology', webpage, June 2021, www.abs.gov.au/methodologies/general-social-survey-summary-results-australia-methodology/2020, viewed 30 November 2023 (Exhibit K-01.100, DVS.2222.0001.1927); Australian Bureau of Statistics, 'General Social Survey: Summary Results, Australia', webpage, September 2020, www.abs.gov.au/statistics/people/people-and-communities/general-social-survey-summary-results-australia/2019, viewed 23 January 2024 (Exhibit 90-02.020, Hearing Block 12, DVS.3333.0001.1028).
- 755 Australian Bureau of Statistics, 'Personal Safety, Australia', webpage, March 2023, www.abs.gov.au/statistics/people/crime-and-justice/personal-safety-australia/2021-22, viewed 30 November 2023 (Exhibit K-01.132, DVS.2222.0001.3472).
- 756 Exhibit 90-02.033, Hearing Block 12, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-154, DVA.9999.0133.0001 at 0005 [1.29].
- 757 Exhibit 90-02.033, Hearing Block 12, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-154, DVA.9999.0133.0001 at 0005–0006 [1.30–1.32].
- 758 Exhibit 90-02.031, Hearing Block 12, Department of Defence, Response to Notice to Give, NTG-DEF-243, DEF.9999.0168.0007 at 0011–0014 [Table 1(c), Table 2(c), Table 3(c), Table 4(c)].
- 759 Exhibit 90-02.031, Hearing Block 12, Department of Defence, Response to Notice to Give, NTG-DEF-243, DEF.9999.0168.0007 at 0009 [7].
- 760 Exhibit 90-02.031, Hearing Block 12, Department of Defence, Response to Notice to Give, NTG-DEF-243, DEF.9999.0168.0007 at 0009 [8].
- 761 Exhibit 90-02.031, Hearing Block 12, Department of Defence, Response to Notice to Give, NTG-DEF-243, DEF.9999.0168.0007 at 0009 [7].
- 762 Exhibit 90-02.040, Hearing Block 12, Australian Bureau of Statistics, Response to Notice to Give, NTG-ABS-006, ABS.9999.0004.0001 at 0001, 0002 [2, 6].
- 763 Exhibit 90-02.040, Hearing Block 12, Australian Bureau of Statistics, Response to Notice to Give, NTG-ABS-006, ABS.9999.0004.0001 at 0001 [3].
- 764 Exhibit 90-02.040, Hearing Block 12, Australian Bureau of Statistics, Response to Notice to Give, NTG-ABS-006, ABS.9999.0004.0001 at 0001 [2].
- 765 Exhibit N-01.006, Australian Bureau of Statistics, Response to Notice to Give, NTG-ABS-007, ABS.9999.0005.0001 at 0001 [1b].
- 766 Exhibit 90-02.040, Hearing Block 12, Australian Bureau of Statistics, Response to Notice to Give, NTG-ABS-006, ABS.9999.0004.0001 at 0001–0002 [4, 9].
- 767 Australian Bureau of Statistics, 'Survey of Income and Housing, User Guide, Australia', webpage, April 2022, www.abs.gov.au/statistics/detailed-methodology-information/concepts-sources-methods/survey-income-and-housing-user-guide-australia/latest-release, viewed 30 November 2023 (Exhibit K-01.133, DVS.2222.0001.3494).
- 768 Exhibit 90-02.040, Hearing Block 12, Australian Bureau of Statistics, Response to Notice to Give, NTG-ABS-006, ABS.9999.0004.0001 at 0003 [13].
- 769 Exhibit 90-02.040, Hearing Block 12, Australian Bureau of Statistics, Response to Notice to Give, NTG-ABS-006, ABS.9999.0004.0001 at 0003 [13].
- 770 Exhibit 90-02.031, Hearing Block 12, Department of Defence, Response to Notice to Give, NTG-DEF-243, DEF.9999.0168.0007 at 0009 [10].
- 771 Exhibit K-01.152, Department of Veterans' Affairs, Response to Notice to Produce, NTP-DVA-079-02, Sources of Veterans' Information, DVA.5057.0001.0385 at 0388–0402, 0404–0406, 0415–0416; Exhibit 90-02.033, Hearing Block 12, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-154, DVA.9999.0133.0001 at 0001–0004 [1.1–1.17].
- 772 Exhibit 90-02.033, Hearing Block 12, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-154, DVA.9999.0133.0001 at 0006 [1.38].
- 773 Australian Bureau of Statistics, 'Barriers and Incentives to Labour Force Participation, Australia methodology', webpage, November 2023, www.abs.gov.au/methodologies/barriers-and-incentives-labour-force-participation-australia-methodology/2022-23, viewed 30 November 2023 (Exhibit K-01.135, DVS.2222.0001.3523).
- 774 Australian Bureau of Statistics, 'Disability, Ageing and Carers, Australia: Summary of Findings', webpage, October 2019, www.abs.gov.au/statistics/health/disability/disability-ageing-and-carers-australia-summary-findings/latest-release, viewed 23 January 2024 (Exhibit 90-02.021, Hearing Block 12, DVS.3333.0001.0916).

- 775 Australian Bureau of Statistics, 'Household Income and Wealth, Australia methodology', webpage, April 2022, www.abs.gov.au/methodologies/household-income-and-wealth-australia-methodology/2019-20, viewed 30 November 2023 (Exhibit K-01.134, DVS.2222.0001.3498).
- 776 Australian Bureau of Statistics, 'Patient Experiences', webpage, November 2023, www.abs.gov.au/statistics/health/health-services/patient-experiences/latest-release, viewed 23 January 2024 (Exhibit 90-02.022, Hearing Block 12, DVS.3333.0001.1239).
- 777 Australian Bureau of Statistics, 'Household Income and Wealth, Australia methodology', webpage, April 2022, www.abs.gov.au/methodologies/household-income-and-wealth-australia-methodology/2019-20, viewed 30 November 2023 (Exhibit K-01.134, DVS.2222.0001.3498); Australian Bureau of Statistics, 'Barriers and Incentives to Labour Force Participation, Australia methodology', webpage, November 2023, www.abs.gov.au/methodologies/barriers-and-incentives-labour-force-participation-australia-methodology/2022-23, viewed 30 November 2023 (Exhibit K-01.135, DVS.2222.0001.3523); Exhibit 9002.040, Hearing Block 12, Australian Bureau of Statistics, Response to Notice to Give, NTG-ABS-006, ABS.9999.0004.0001 at 0002 [10].
- 778 Exhibit 35-04.001, Hearing Block 5, Department of Defence, Response to Notice to Give, NTG-DEF-001, DEF.9999.0008.0055 at 0076 [113].
- 779 T Varker and others, *ADF members and ex-members suicide literature review: An update*, commissioned by the Royal Commission into Defence and Veteran Suicide, October 2023, p 99 (Exhibit L-01.026, DVS.2222.0001.0531).
- 780 T Varker and others, *ADF members and ex-members suicide literature review: An update*, commissioned by the Royal Commission into Defence and Veteran Suicide, October 2023, p 99 (Exhibit L-01.026, DVS.2222.0001.0531).
- 781 National Health and Medical Research Council, *Annual Report 2022-2023*, October 2023, p 9, 11.
- 782 Exhibit K-01.031, National Health and Medical Research Council, Response to Notice to Give, NTG-NHM-001, NHM.9999.0001.0111 at 0112 [8].
- 783 Exhibit K-01.031, National Health and Medical Research Council, Response to Notice to Give, NTG-NHM-001, NHM.9999.0001.0111 at 0112 [8].
- 784 Exhibit K-01.031, National Health and Medical Research Council, Response to Notice to Give, NTG-NHM-001, NHM.9999.0001.0111 at 0119 [44].
- 785 Exhibit K-01.031, National Health and Medical Research Council, Response to Notice to Give, NTG-NHM-001, NHM.9999.0001.0111 at 0119 [44].
- 786 Exhibit K-01.031, National Health and Medical Research Council, Response to Notice to Give, NTG-NHM-001, NHM.9999.0001.0111 at 0118 [39].
- 787 Exhibit K-01.075, Australian Institute of Family Studies, Response to Notice to Produce, NTP-AIF-001-01, *Family Wellbeing Study: Summary Report*, AIF.0001.0001.1735 at 1745; S Lawn and others, 'Families' experiences of supporting Australian veterans and emergency service first responders (ESFRs) to seek help for mental health problems', 2022, p 5 (Exhibit 26-01.014, Hearing Block 4, EXP.0004.0017.0089); Exhibit F-08.050, Australian Institute of Family Studies, submission, SUB.0000.0106.3221 at 3236–3237.
- 788 Transcript, Ellie Lawrence-Wood, Hearing Block 5, 24 June 2022, pp 36-3531 [42]–36-3532 [15].
- 789 Exhibit K-01.031, National Health and Medical Research Council, Response to Notice to Give, NTG-NHM-001, NHM.9999.0001.0111 at 0111–0112 [6–9].
- 790 Department of Health and Aged Care, About the MRFF, webpage, www.health.gov.au/our-work/mrff/about, viewed 11 July 2024 (Exhibit ZZ-03.007, DVS.7777.0001.0191).
- 791 Exhibit ZZ-03.008, Million Minds Mental Health Research Mission Roadmap, DVS.7777.0001.0195 at 0195.
- 792 Exhibit F-08.050, Australian Institute of Family Studies, submission, SUB.0000.0106.3221 at 3232.
- 793 James Frederick Boatwright, Submission, ANON-Z1E7-QQXF-7, p [2].
- 794 Transcript, Wade Stothart, Hearing Block 10, 21 July 2023, p 72-6929 [27–41].
- 795 Exhibit K-01.075, Australian Institute of Family Studies, Response to Notice to Produce, NTP-AIF-001-01, *Family Wellbeing Study: Summary Report*, AIF.0001.0001.1735 at 1745.
- 796 Exhibit K-01.075, Australian Institute of Family Studies, Response to Notice to Produce, NTP-AIF-001-01, *Family Wellbeing Study: Summary Report*, AIF.0001.0001.1735 at 1745; S Lawn and others, 'Families' experiences of supporting Australian veterans and emergency service first responders (ESFRs) to seek help for mental health problems', 2022, p 2

(Exhibit 26-01.014, Hearing Block 4, EXP.0004.0017.0089); Exhibit F-08.050, Australian Institute of Family Studies, submission, SUB.0000.0106.3221 at 3236–3238.

797 Exhibit K-01.075, Australian Institute of Family Studies, Response to Notice to Produce, NTP-AIF-001-01, *Family Wellbeing Study: Summary Report*, AIF.0001.0001.1735 at 1741, 1743.

798 Exhibit K-01.075, Australian Institute of Family Studies, Response to Notice to Produce, NTP-AIF-001-01, *Family Wellbeing Study: Summary Report*, AIF.0001.0001.1735 at 1743.

799 Exhibit K-01.075, Australian Institute of Family Studies, Response to Notice to Produce, NTP-AIF-001-01, *Family Wellbeing Study: Summary Report*, AIF.0001.0001.1735 at 1743.

800 Exhibit K-01.075, Australian Institute of Family Studies, Response to Notice to Produce, NTP-AIF-001-01, *Family Wellbeing Study: Summary Report*, AIF.0001.0001.1735 at 1757.

801 Exhibit K-01.075, Australian Institute of Family Studies, Response to Notice to Produce, NTP-AIF-001-01, *Family Wellbeing Study: Summary Report*, AIF.0001.0001.1735 at 1757.

802 Exhibit K-01.075, Australian Institute of Family Studies, Response to Notice to Produce, NTP-AIF-001-01, *Family Wellbeing Study: Summary Report*, AIF.0001.0001.1735 at 1753.

803 Exhibit K-01.075, Australian Institute of Family Studies, Response to Notice to Produce, NTP-AIF-001-01, *Family Wellbeing Study: Summary Report*, AIF.0001.0001.1735 at 1754.

804 Exhibit K-01.029, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-105B, DVA.9999.0103.0001 at 0004 [15–16].

805 Exhibit K-01.029, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-105B, DVA.9999.0103.0001 at 0004 [15–21]; Exhibit K-01.030, Australian Bureau of Statistics, Response to Notice to Give, NTG-ABS-003, ABS.9999.0003.0001 at 0002 [11].

806 Exhibit K-01.029, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-105B, DVA.9999.0103.0001 at 0004 [19–20].

807 The University of Melbourne, 'HILDA survey', webpage, <https://melbourneinstitute.unimelb.edu.au/hilda>, viewed 30 November 2023 (Exhibit 90-02.056, Hearing Block 12, DVS.2222.0001.2371).

808 Australian Institute of Health and Welfare, *Veteran Social Connectedness*, October 2023, p 2 (Exhibit L-01.111, DVS.2222.0001.4985).

809 The University of Melbourne, 'HILDA Online Data Dictionary Release 21', webpage, www/hildaadd.app.unimelb.edu.au/srchSubjectAreas.aspx, viewed 30 November 2023 (Exhibit K-01.104, DVS.2222.0001.2626 and Exhibit K-01.105, DVS.2222.0001.2628).

810 A Flego and others, *Suicide and self-harm monitoring of the serving and ex-serving Australian Defence Force member population – Part 1: The data landscape and short-term opportunities*, commissioned by the Royal Commission into Defence and Veteran Suicide, June 2022, p 51 (Exhibit K-01.048, DVS.2222.0001.1292).

811 Exhibit B-01.013, Department of Defence, Response to Notice to Give, NTG-DEF-021, DEF.9999.0007.0026 at 0032 [16].

812 Exhibit B-01.013, Department of Defence, Response to Notice to Give, NTG-DEF-021, DEF.9999.0007.0026 at 0049 [7b(4)]; Exhibit 87-02.005, Hearing Block 12, Department of Defence, Response to Notice to Give, NTG-DEF-240, DEF.9999.0162.0091 at 0093 [5].

813 Exhibit 28-02.002, Hearing Block 4, Response to Notice to Give, NTG-DEF-001, DEF.9999.0001.0001 at 0004 [20]; Transcript, David Morton, Hearing Block 3, 14 March 2022, p 20-1797 [25–27]; Exhibit B01.013, Department of Defence, Response to Notice to Give, NTG-DEF-021, DEF.9999.0007.0026 at 0033 [18].

814 Exhibit B-01.013, Department of Defence, Response to Notice to Give, NTG-DEF-021, DEF.9999.0007.0026 at 0035 [22].

815 Transcript, David Morton, Hearing Block 4, 11 April 2022, pp 28-2604 [14]–28-2605 [17].

816 Transcript, David Morton, Hearing Block 4, 11 April 2022, pp 28-2603 [45]–28-2604 [27].

817 Exhibit B-01.013, Department of Defence, Response to Notice to Give, NTG-DEF-021, DEF.9999.0007.0026 at 0036 [24, 27]; Exhibit B-01.014, Department of Defence, Response to Notice to Give, NTG-DEF-018, DEF.9999.0010.0008 at 0018 [29–30].

818 Exhibit B-01.013, Department of Defence, Response to Notice to Give, NTG-DEF-021, DEF.9999.0007.0026 at 0028 [3–4].

819 Exhibit B-01.013, Department of Defence, Response to Notice to Give, NTG-DEF-021, DEF.9999.0007.0026 at 0030–0031 [12–13].

820 Exhibit B-01.013, Department of Defence, Response to Notice to Give, NTG-DEF-021, DEF.9999.0007.0026 at 0030 [9].

- 821 Exhibit B-01.013, Department of Defence, Response to Notice to Give, NTG-DEF-021, DEF.9999.0007.0026 at 0029 [6].
- 822 Exhibit B-01.013, Department of Defence, Response to Notice to Give, NTG-DEF-021, DEF.9999.0007.0026 at 0030 [8].
- 823 Exhibit B-01.013, Department of Defence, Response to Notice to Give, NTG-DEF-021, DEF.9999.0007.0026 at 0028 [4], 0030 [8], 0031 [14].
- 824 Exhibit B-01.013, Department of Defence, Response to Notice to Give, NTG-DEF-021, DEF.9999.0007.0026 at 0031 [14].
- 825 Exhibit B-01.013, Department of Defence, Response to Notice to Give, NTG-DEF-021, DEF.9999.0007.0026 at 0038 [34].
- 826 Exhibit B-01.013, Department of Defence, Response to Notice to Give, NTG-DEF-021, DEF.9999.0007.0026 at 0039 [36–40].
- 827 Exhibit B-01.013, Department of Defence, Response to Notice to Give, NTG-DEF-021, DEF.9999.0007.0026 at 0039 [36–40], 0041 [55].
- 828 Exhibit B-01.013, Department of Defence, Response to Notice to Give, NTG-DEF-021, DEF.9999.0007.0026 at 0041 [52].
- 829 Exhibit 18-02.002, Hearing Block 3, Australian Institute of Health and Welfare, Response to Notice to Give, NTG-AHW-001, AHW.9999.0001.0001 at 0005 [4].
- 830 Exhibit B-01.013, Department of Defence, Response to Notice to Give, NTG-DEF-021, DEF.9999.0007.0026 at 0068 [94].
- 831 Exhibit 18-02.002, Hearing Block 3, Australian Institute of Health and Welfare, Response to Notice to Give, NTG-AHW-001, AHW.9999.0001.0001 at 0005 [4].
- 832 Exhibit 75-04.010, Hearing Block 10, Department of Defence, Response to Notice to Produce, NTP-DEF-036, Suicide Prevention SME Working Group August – December 2020, DEF.1036.0001.0655 at 0658 [1].
- 833 Exhibit 75-04.010, Hearing Block 10, Department of Defence, Response to Notice to Produce, NTP-DEF-036, Suicide Prevention SME Working Group August – December 2020, DEF.1036.0001.0655 at 0658 [1].
- 834 Exhibit B-01.011, Department of Defence, Response to Notice to Give, NTG-DEF-028, DEF.9999.0011.0317 at 0324 [11b].
- 835 Exhibit 65-01.028, Hearing Block 9, Department of Defence, Response to Notice to Give, NTG-DEF-097A, DEF.9999.0062.0044 at 0046 [2d].
- 836 Exhibit 54-06.014, Hearing Block 7, Department of Defence, Response to Notice to Produce, NTP-DEF-036, Defence Incident Reporting and Management Manual, DEF.1005.0001.0636 at 0641 [1.1].
- 837 Transcript, Lara Gunn, Hearing Block 4, 4 April 2022, pp 24-2212 [22]–24-2213 [2]; Exhibit 35-04.001, Hearing Block 5, Department of Defence, Response to Notice to Give, NTG-DEF-001, DEF.9999.0008.0055 at 0072–0073 [88, 90].
- 838 Exhibit 35-02.002, Hearing Block 5, Angus Campbell, Response to Notice to Give, NTG-ACA-001, DEF.9999.0011.0344 at 0459 [439].
- 839 Exhibit 33-03.063, Hearing Block 5, Department of Defence, Response to Notice to Produce, NTP-DEF-044, Management of Incidents Within Army, FEG.1001.0003.3434 at 3435 [10.5], 3436 [10.11], 3444–3445.
- 840 Exhibit 35-04.001, Hearing Block 5, Department of Defence, Response to Notice to Give, NTG-DEF-001, DEF.9999.0008.0055 at 0072 [88]–0073 [90].
- 841 Exhibit 33-03.063, Hearing Block 5, Department of Defence, Response to Notice to Produce, NTP-DEF-044, Management of Incidents Within Army, FEG.1001.0003.3434 at 3444.
- 842 Exhibit 35-04.001, Hearing Block 5, Department of Defence, Response to Notice to Give, NTG-DEF-001, DEF.9999.0008.0055 at 0073 [90].
- 843 Exhibit K-01.036, Commander Alfonso Santos, Response to Notice to Give, NTG-ALS-001, ALS.0000.0001.0001 at 0100 [Table 74.1].
- 844 Exhibit F-01.039, Department of Defence, Response to Notice to Give, NTG-DEF-192, DEF.9999.0126.0001 at 0006 [13–16].
- 845 Transcript, Lara Gunn, Hearing Block 4, 4 April 2022, p 24-2214 [29–32].
- 846 Exhibit 90-02.068, Hearing Block 12, Comcare, Response to Notice to Produce, NTP-COM-007-01, FORCOMD Directive 13/21 Incident Management, Reporting and Recording, COM.0001.0007.2952 at 2956 [28].
- 847 Kate Jenkins, Response to Notice to Give, NTG-KJE-001, KJE.0000.0001.1390 at 1468 [11g].
- 848 Kate Jenkins, Response to Notice to Give, NTG-KJE-001, KJE.0000.0001.1390 at 1468 [11f].

849 Kate Jenkins, Response to Notice to Give, NTG-KJE-001, KJE.0000.0001.1390 at 1468 [11f].
 850 Exhibit B-01.010, Australian Institute of Health and Welfare, Response to Notice to Give,
 NTG-AHW-002, AHW.9999.0002.0001 at 0005–0006 [4].
 851 Exhibit 38-02.001, Hearing Block 5, Department of Defence, Response to Notice to Give,
 NTG-DEF-007A, DEF.9999.0016.0060 at 0151 [163]; Exhibit 66-02.003, Hearing Block 9,
 Department of Defence, Response to Notice to Produce, Mental Health Awareness, Resilience
 and Suicide Prevention in Defence presentation, DEF.1053.0001.0394 at 0401.
 852 Exhibit 18-02.002, Hearing Block 3, Australian Institute of Health and Welfare, Response to
 Notice to Give, NTG-AHW-001, AHW.9999.0001.0001 at 0005–0006 [4].
 853 Transcript, Ian Young, Hearing Block 9, 22 May 2023, p 63-6152 [28–36].
 854 Exhibit F.05.020, Department of Defence, Response to Notice to Produce, NTP-DEF-233B,
 Defence Work Health and Safety Quarterly Dashboard Quarter 1 2023, DEF.1233.0013.0078
 at 0080.
 855 Exhibit K-01.088, Department of Defence, Response to Notice to Produce, NTP-DEF-233A-02,
 Protecting Lifetime Wellbeing of ADF Personnel Framework – Interim Report Three Draft,
 DEF.1233.0002.0508 at 0542.
 856 Exhibit F.05.020, Department of Defence, Response to Notice to Produce, NTP-DEF-233B,
 Defence Work Health and Safety Quarterly Dashboard Quarter 1 2023, DEF.1233.0013.0078
 at 0080.
 857 Exhibit K-01.088, Department of Defence, Response to Notice to Produce, NTP-DEF-233A-02,
 Protecting Lifetime Wellbeing of ADF Personnel Framework – Interim Report Three Draft,
 DEF.1233.0002.0508 at 0568.
 858 Exhibit K-01.089, Department of Defence, Response to Notice to Produce, NTP-DEF-221,
 Defence Work Health and Safety Quarterly Dashboard Quarter 2 2023, DEF.1221.0001.1022
 at 1023.
 859 Exhibit 18-02.002, Hearing Block 3, Australian Institute of Health and Welfare, Response to
 Notice to Give, NTG-AHW-001, AHW.9999.0001.0001 at 0018–0019 [10].
 860 Exhibit F-03.015, Department of Defence, Response to Notice to Give, NTG-DEF-198,
 DEF.9999.0126.0036 at 0057–0058 [58a].
 861 Exhibit F-03.015, Department of Defence, Response to Notice to Give, NTG-DEF-198,
 DEF.9999.0126.0036 at 0058 [60].
 862 Exhibit F-03.015, Department of Defence, Response to Notice to Give, NTG-DEF-198,
 DEF.9999.0126.0036 at 0057 [57].
 863 Exhibit F.05.020, Department of Defence, Response to Notice to Produce, NTP-DEF-233B,
 Defence Work Health and Safety Quarterly Dashboard Quarter 1 2023, DEF.1233.0013.0078
 at 0078–0079.
 864 Exhibit N-01.022, Department of Defence, Response to Notice to Produce, NTP-DEF-278-02,
 Defence WHS Quarterly Dashboard – Quarter 4 2022 – Talking Points, DEF.1278.0002.1107
 at 1107.
 865 Exhibit 101-03.091, Hearing Block 12, Department of Defence, Response to Notice to
 Produce, NTP-DEF-376-02, EI60 – Personnel Data Access and Integration Scoping Paper,
 DEF.1376.0001.0128 at 0144; Exhibit 98-02.005, Hearing Block 12, Department of Defence,
 Response to Notice to Give, NTG-DEF-271, DEF.9999.0180.0002 at 0003 [2].
 866 Exhibit 86-03.006, Hearing Block 12, Department of Defence, Response to Notice to Give,
 NTG-DEF-237, DEF.9999.0173.0001 at 0030 [99].
 867 Exhibit 86-03.006, Hearing Block 12, Department of Defence, Response to Notice to Give,
 NTG-DEF-237, DEF.9999.0173.0001 at 0030 [101]; Exhibit 87-01.008, Hearing Block 12,
 Department of Defence, Response to Notice to Give, NTG-DEF-213A, DEF.9999.0162.0001
 at 0007 [10b].
 868 Exhibit K-01.043, Department of Defence, Response to Notice to Give, NTG-DEF-219,
 DEF.9999.0147.0001 at 0003 [5]; Exhibit 28-02.002, Hearing Block 4, Department
 of Defence, Response to Notice to Give, NTG-DEF-001, DEF.9999.0001.0001 at
 0003 [12]; Exhibit 33-03.001, Hearing Block 5, Department of Defence, NTG-FEG-001,
 DEF.9999.0012.0038 at 0192 [f], 0197 [f, 82].
 869 PFLR-1.1 (Data, Commonwealth response), PFL.0033.0002.0001 at 0005.
 870 Exhibit K-01.043, Department of Defence, Response to Notice to Give, NTG-DEF-219,
 DEF.9999.0147.0001 at 0005 [21], 0010 [25].
 871 Transcript, Matt Yannopoulos, Hearing Block 12, 5 March 2024, p 87-8576 [5–26].
 872 Transcript, Leanne Cameron, Hearing Block 7, 27 October 2022, pp 54-5207 [8]–54-5208 [13].

873 Exhibit 18-02.002, Hearing Block 3, Australian Institute of Health and Welfare, Response to
Notice to Give, NTG-AHW-001, AHW.9999.0001.0001 at 0008 [5].

874 Exhibit L-01.009, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-001,
DVA.9999.0001.0001 at 0006–0007 [1.38–1.42].

875 Exhibit L-01.009, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-001,
DVA.9999.0001.0001 at 0007 [1.41]; Exhibit K-01.028, Department of Veterans' Affairs,
Response to Notice to Give, NTG-DVA-052A, DVA.9999.0057.0001 at 0015 [7.3.19].

876 Exhibit 18-02.002, Hearing Block 3, Australian Institute of Health and Welfare, Response to
Notice to Give, NTG-AHW-001, AHW.9999.0001.0001 at 0008 [5].

877 Exhibit 18-02.002, Hearing Block 3, Australian Institute of Health and Welfare, Response to
Notice to Give, NTG-AHW-001, AHW.9999.0001.0001 at 0008 [5].

878 Exhibit 18-02.002, Hearing Block 3, Australian Institute of Health and Welfare, Response to
Notice to Give, NTG-AHW-001, AHW.9999.0001.0001 at 0022 [10].

879 Exhibit K-01.028, Department of Veterans' Affairs, Response to Notice to Give,
NTG-DVA-052B, DVA.9999.0057.0001 at 0013 [7.3.1].

880 Exhibit K-01.028, Department of Veterans' Affairs, Response to Notice to Give,
NTG-DVA-052B, DVA.9999.0057.0001 at 0015 [7.3.19].

881 Exhibit K-01.028, Department of Veterans' Affairs, Response to Notice to Give,
NTG-DVA-052B, DVA.9999.0057.0001 at 0016 [7.3.20].

882 Exhibit K-01.028, Department of Veterans' Affairs, Response to Notice to Give,
NTG-DVA-052B, DVA.9999.0057.0001 at 0016 [7.3.21–7.3.22].

883 Exhibit L-01.009, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-001,
DVA.9999.0001.0001 at 0007 [1.44].

884 Exhibit K-01.023, Department of Veterans' Affairs, Response to Notice to Give,
NTG-DVA-052C, DVA.9999.0055.0001 at 0001 [1.3].

885 Transcript, Veronica Hancock, Hearing Block 3, 15 March, 2022, p 21-1920 [38–40].

886 Exhibit L-01.009, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-001,
DVA.9999.0001.0001 at 0004 [1.24], 0007 [1.44].

887 Exhibit K-01.035, Department of Veterans' Affairs, Response to Notice to Give, NTG-OPA-003,
DVA.9999.0023.0001 at 0002 [5].

888 Exhibit 53-03.006, Hearing Block 7, Department of Veterans' Affairs, Response to Notice to
Give, NTG-OPA-003, DVA.9999.0024.0001 at 0008 [7.20].

889 Exhibit 53-03.006, Hearing Block 7, Department of Veterans' Affairs, Response to Notice to
Give, NTG-OPA-003, DVA.9999.0024.0001 at 0008 [7.16].

890 Exhibit K-01.035, Department of Veterans' Affairs, Response to Notice to Give, NTG-OPA-003,
DVA.9999.0023.0001 at 0011 [11.7].

891 Exhibit K-01.035, Department of Veterans' Affairs, Response to Notice to Give, NTG-OPA-003,
DVA.9999.0023.0001 at 0011 [11.7].

892 PFLR-1.1 (Data, Commonwealth response), PFL.0033.0002.0001 at 0020-21.

893 Exhibit L-01.009, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-001,
DVA.9999.0001.0001 at 0031 [7.1].

894 Exhibit L-01.009, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-001,
DVA.9999.0001.0001 at 0005 [1.27, 1.29–1.30].

895 Exhibit 101-03.015, Hearing Block 12, Department of Defence, Response to Notice to Give,
NTG-DEF-261, DEF.9999.0189.0001 at 0005–0006 [23].

896 Exhibit 18-02.002, Hearing Block 3, Australian Institute of Health and Welfare, Response to
Notice to Give, NTG-AHW-001, AHW.9999.0001.0001 at 0010 [6].

897 Exhibit 16-1.60, Hearing Block 3, Department of Defence, Response to Notice to Give,
NTG-DEF-008, DEF.9999.0001.0263 at 0314 [4a].

898 Exhibit K-01.038, Department of Defence, Response to Notice to Give, NTG-DEF-155,
DEF.9999.0110.0001 at 0007 [21b].

899 Exhibit K-01.038, Department of Defence, Response to Notice to Give, NTG-DEF-155,
DEF.9999.0110.0001 at 0010 [28a].

900 Exhibit 28-04.023, Hearing Block 4, Department of Defence, Response to Notice to Produce,
NTP-DEF-019, Defence Privacy Policy, DEF.1019.0001.0686 at 0686.

901 *Privacy Act 1988* (Cth) s 16A.

902 *Data Availability and Transparency Act 2022* (Cth) subs 15(1).

903 Exhibit K-01.038, Department of Defence, Response to Notice to Give, NTG-DEF-155,
DEF.9999.0110.0001 at 0007 [21a].

904 Exhibit B-01.014, Department of Defence, Response to Notice to Give, NTG-DEF-018, DEF.9999.0010.0008 at 0014 [12].

905 National Health and Medical Research Council, National Statement on Ethical Conduct in Human Research 2023, p 2, 19 (Exhibit 90-02.023, Hearing Block 12, DVS.3333.0001.1116); *Privacy Act 1988* (Cth) s 16B.

906 Exhibit K-01.034, Ellie Lawrence-Wood, Response to Notice to Give, NTG-ELA-001, ELA.0000.0001.0447 at 0449; Exhibit K-01.084, Department of Defence, Response to Notice to Produce, NTP-DEF-266, Joint Review of the Departments of Defence and Veterans' Affairs Human Research Ethics Committee, DEF.1266.0001.0184 at 0186.

907 Exhibit K-01.076, Department of Defence, Response to Notice to Produce, NTP-DEF-266, ADF Health Strategy – Defence Health Research Framework: Implementation Review, DEF.1266.0001.0123 at 0142.

908 Exhibit K-01.034, Ellie Lawrence-Wood, Response to Notice to Give, NTG-ELA-001, ELA.0000.0001.0447 at 0449 [2a].

909 Exhibit K-01.025, Department of Defence, Response to Notice to Give, NTG-DEF-197, DEF.9999.0125.0067 at 0074 [18].

910 PFLR-23.2 (Data tranche 2, Commonwealth response), PFL.0033.0002.0220 at 0264.

911 Exhibit K-01.038, Department of Defence, Response to Notice to Give, NTG-DEF-155, DEF.9999.0110.0001 at 0010 [28c].

912 Exhibit K-01.038, Department of Defence, Response to Notice to Give, NTG-DEF-155, DEF.9999.0110.0001 at 0010 [28c].

913 Research Australia, *Research Australia Opinion Polling 2016*, p 10 (Exhibit K-01.120, DVS.2222.0001.3249 at 3258).

914 A Flego and others, *Suicide and self-harm monitoring of the serving and ex-serving Australian Defence Force member population – Part 1: The data landscape and short-term opportunities*, commissioned by the Royal Commission into Defence and Veteran Suicide, June 2022, pp 102–03 (Exhibit K-01.048, DVS.2222.0001.1292 at 1395–1396).

915 A Flego and others, *Suicide and self-harm monitoring of the serving and ex-serving Australian Defence Force member population – Part 1: The data landscape and short-term opportunities*, commissioned by the Royal Commission into Defence and Veteran Suicide, June 2022, p 102 (Exhibit K-01.048, DVS.2222.0001.1292 at 1395).

916 PFLR-1.1 (Data, Commonwealth response), PFL.0033.0002.0001 at 0006.

917 Exhibit K-01.038, Department of Defence, Response to Notice to Give, NTG-DEF-155, DEF.9999.0110.0001 at 0010 [28].

918 Exhibit K-01.038, Department of Defence, Response to Notice to Give, NTG-DEF-155, DEF.9999.0110.0001 at 0010 [28].

919 Exhibit K-01.038, Department of Defence, Response to Notice to Give, NTG-DEF-155, DEF.9999.0110.0001 at 0007 [21c].

920 Exhibit K-01.038, Department of Defence, Response to Notice to Give, NTG-DEF-155, DEF.9999.0110.0001 at 0007 [21c].

921 Exhibit K-01.038, Department of Defence, Response to Notice to Give, NTG-DEF-155, DEF.9999.0110.0001 at 0010 [28h].

922 Exhibit K-01.038, Department of Defence, Response to Notice to Give, NTG-DEF-155, DEF.9999.0110.0001 at 0010 [28h].

923 Exhibit K-01.038, Department of Defence, Response to Notice to Give, NTG-DEF-155, DEF.9999.0110.0001 at 0007 [21d].

924 Exhibit K-01.038, Department of Defence, Response to Notice to Give, NTG-DEF-155, DEF.9999.0110.0001 at 0007 [21d].

925 Exhibit K-01.038, Department of Defence, Response to Notice to Give, NTG-DEF-155, DEF.9999.0110.0001 at 0008 [21g].

926 Exhibit K-01.038, Department of Defence, Response to Notice to Give, NTG-DEF-155, DEF.9999.0110.0001 at 0007–0008 [21f].

927 Exhibit K-01.038, Department of Defence, Response to Notice to Give, NTG-DEF-155, DEF.9999.0110.0001 at 0007–0008 [21f].

928 *Data Availability and Transparency Act 2022* (Cth) s 25.

929 Exhibit K-01.038, Department of Defence, Response to Notice to Give, NTG-DEF-155, DEF.9999.0110.0001 at 0008 [21i].

930 Exhibit K-01.038, Department of Defence, Response to Notice to Give, NTG-DEF-155, DEF.9999.0110.0001 at 0008 [21i].

- 931 Exhibit K-01.038, Department of Defence, Response to Notice to Give, NTG-DEF-155, DEF.9999.0110.0001 at 0008 [21h].
- 932 Exhibit 35-02.002, Hearing Block 5, Angus Campbell, Response to Notice to Give, NTG-ACA-001, DEF.9999.0011.0344 at 0363–0364 [46], 0407 [204f].
- 933 Exhibit 65-01.028, Hearing Block 9, Department of Defence, Response to Notice to Give, NTG-DEF-097A, DEF.9999.0062.0044 at 0046 [2d, e].
- 934 Exhibit 32-01.038, Hearing Block 5, Department of Defence, Response to Notice to Give, NTG-DEF-028, DEF.9999.0011.0311 at 0313 [1].
- 935 Exhibit K-01.032, Department of Defence, Response to Notice to Give, NTG-DEF-140, DEF.9999.0112.0001 at 0011–0012 [Table 4.1, row d].
- 936 Exhibit 28-03.001, Hearing Block 4, Department of Defence, Response to Notice to Produce, NTP-DEF-001, Interim Report on the Suicide Prevention Program Monitoring and Evaluation Framework and Plan – Part A, DEF.0001.0003.0050 at 0068–0069.
- 937 Exhibit 35-02.002, Hearing Block 5, Angus Campbell, Response to Notice to Give, NTG-ACA-001, DEF.9999.0011.0344 at 0406 [203].
- 938 Exhibit 75-04.016, Hearing Block 10, Department of Defence, Response to Notice to Produce, NTP-DEF-136, *Enterprise Data Maturity Assessment Insights Report*, DEF.1136.0001.0081 at 0101.
- 939 Exhibit 35-02.002, Hearing Block 5, Angus Campbell, Response to Notice to Give, NTG-ACA-001, DEF.9999.0011.0344 at 0363 [45].
- 940 Exhibit 35-02.002, Hearing Block 5, Angus Campbell, Response to Notice to Give, NTG-ACA-001, DEF.9999.0011.0344 at 0365 [47].
- 941 Exhibit F-03.012, Department of Defence, Response to Notice to Produce, NTP-DEF-001, Workplace Behaviours Summary Report – September 2020, DEF.0001.0001.8423 at 8423–8425; PFLR-1.1 (Data, Commonwealth response), PFL.0033.0002.0001 at 0014–15.
- 942 Royal Commission analysis of YourSay Workplace Experience survey data from 2018 to 2022, Exhibit N-01.012, Defence response to Data Project – Validation of Defence Survey Data Analysis, 9 February 2024, DVS.0012.0001.3743 at 3746–3748 [Table 1.1–Table 1.3].
- 943 Exhibit 28-02.02, Hearing Block 4, Department of Defence, Response to Notice to Give, NTG-DEF-001, DEF.9999.0001.0001 at 0036–0042 [159–188]; Exhibit 35-02.002, Hearing Block 5, Department of Defence, Response to Notice to Give, NTG-ACA-001, DEF.9999.0011.0344 at 0376 [88].
- 944 Exhibit 61-01.007, Hearing Block 9, Department of Defence, Response to Notice to Produce, NTP-DEF-162, 5 RAR Suicidal Behaviour AIMS Summary 2016–2021, DEF.1162.0002.0047 at 0047.
- 945 Exhibit K-01.032, Department of Defence, Response to Notice to Give, NTG-DEF-140, DEF.9999.0112.0001 at 0011 [Table 4.1, row c].
- 946 Transcript, Kahlil Fegan, Hearing Block 5, 20 June 2022, p 32–3077 [21–25].
- 947 Transcript, Rodney Pope, Hearing Block 10, 18 July 2023, p 69–6691 [3–14].
- 948 Transcript, Julie Adams, Hearing Block 8, 1 December 2022, p 58–5724 [7–19]; Transcript, Nicholas Foxall, Hearing Block 9, 18 May 2023, p 61–5915 [1–30]; Transcript, Gary Lawton, Hearing Block 9, 22 May 2023, pp 63–6042 [35]–63–6043 [5].
- 949 Transcript, Kahlil Fegan, Hearing Block 5, 20 June 2022, p 32–3075 [31–37]; Transcript, Mark Hammond, Hearing Block 12, 14 March 2024, p 92–9223 [33–46].
- 950 Exhibit 45-05.002, Hearing Block 6, Australian Institute of Family Studies, Response to Notice to Give, NTG-AIF-001, AIF.9999.0001.0001 at 0008 [Table 1]; Exhibit F-08.050, Australian Institute of Family Studies, submission, SUB.0000.0106.3221 at 3241; Exhibit 90-02.076, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTP-DEF-001, Record of mental health-related research projects commissioned by Defence, DEF.0001.0009.0257 at 0257; Exhibit 75-02.013, Hearing Block 11, Department of Defence, Response to Notice to Produce, NTP-DEF-133-01, Wellness Action Through Checking Health: Main Report, DEF.1133.0001.0007 at 0007–0008; Exhibit 90-02.066, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTP-DEF-133-01, Wellness Action Through Checking Health: The Family Members Addendum Report, DEF.1133.0001.0103 at 0103–0104; Exhibit 90-02.067, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTP-DEF-133-01, Wellness Action Through Checking Health: The Command Addendum Report, DEF.1133.0001.0142 at 0142–0143; Exhibit 20-03.043, Hearing Block 3, Department of Defence, Response to Notice to Produce, NTP-DEF-001, Mental Health Prevalence, DEF.0001.0001.0145 at 0145; Exhibit 101-03.099, Hearing Block 12, Department

- of Veterans' Affairs, Response to Notice to Produce, NTP-DVA-009-07, Vietnam Veterans Family Study – Volume 2, DVA.5032.0004.1023 at 1073.
- 951 Exhibit K-01.032, Department of Defence, Response to Notice to Give, NTG-DEF-140, DEF.9999.0112.0001 at 0004 [2–7].
- 952 Exhibit K-01.032, Department of Defence, Response to Notice to Give, NTG-DEF-140, DEF.9999.0112.0001 at 0016 [39].
- 953 Exhibit K-01.032, Department of Defence, Response to Notice to Give, NTG-DEF-140, DEF.9999.0112.0001 at 0026 [63].
- 954 Exhibit K-01.090, Department of Defence, Response to Notice to Produce, NTP-DEF-180A-01, YourSay Entry Survey for the Australian Defence Force, DEF.1180.0003.0804 at 0804.
- 955 Exhibit K-01.032, Department of Defence, Response to Notice to Give, NTG-DEF-140, DEF.9999.0112.0001 at 0026 [65].
- 956 Exhibit K-01.091, Department of Defence, Response to Notice to Produce, NTP-DEF-180A-01, Exit survey for the Australian Defence Force, DEF.1180.0003.0822 at 0822.
- 957 Exhibit K-01.032, Department of Defence, Response to Notice to Give, NTG-DEF-140, DEF.9999.0112.0001 at 0029 [70].
- 958 Exhibit 64-02.001, Hearing Block 9, Department of Defence, Response to Notice to Give, NTG-JGR-001, DEF.9999.0087.0001 at 0070 [182a].
- 959 Exhibit 64-02.001, Hearing Block 9, Department of Defence, Response to Notice to Give, NTG-JGR-001, DEF.9999.0087.0001 at 0026 [75].
- 960 Exhibit K-01.037, Department of Defence, Response to Notice to Give, NTG-DEF-193, DEF.9999.0135.0001 at 0003 [3].
- 961 Exhibit K-01.037, Department of Defence, Response to Notice to Give, NTG-DEF-193, DEF.9999.0135.0001 at 0013 [Table 2.1a, row b].
- 962 Exhibit K-01.037, Department of Defence, Response to Notice to Give, NTG-DEF-193, DEF.9999.0135.0001 at 0019 [12–13].
- 963 Exhibit K-01.037, Department of Defence, Response to Notice to Give, NTG-DEF-193, DEF.9999.0135.0001 at 0019 [15].
- 964 Exhibit K-01.037, Department of Defence, Response to Notice to Give, NTG-DEF-193, DEF.9999.0135.0001 at 0027 [25–27].
- 965 Exhibit K-01.037, Department of Defence, Response to Notice to Give, NTG-DEF-193, DEF.9999.0135.0001 at 0027 [22].
- 966 Exhibit K-01.040, Department of Defence, Response to Notice to Give, NTG-DEF-003, DEF.9999.0113.0001 at 0005 [10].
- 967 Exhibit 98-01.045, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTP-DEF-376, Defence People Committee 16 November 2023 Outcomes, DEF.1376.0002.0043 at 0051 [51].
- 968 Transcript, Jennifer Wheeler, Hearing Block 5, 28 June 2022, p 38-3675 [10–40].
- 969 Exhibit 38-02.012, Hearing Block 5, Department of Defence, Response to Notice to Produce, NTP-DEF-027, SUBFOR Mental Health and Wellbeing Questionnaire, DEF.1027.0001.3263 at 3266.
- 970 Exhibit K-01.032, Department of Defence, Response to Notice to Give, NTG-DEF-140, DEF.9999.0112.0001 at 0029–0031 [Table 1.5–Table 1.11]; Exhibit 90-02.063, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTP-DEF-180A-01, Summary of Survey Instruments 2017-2023, DEF.1180.0003.0001 at 0001; Exhibit K-01.037, Department of Defence, Response to Notice to Give, NTG-DEF-193, DEF.9999.0135.0001 at 0017 [Table 3.1a], 0025 [Table 3.1b], 0034 [Table 3.1c]; Exhibit K-01.040, Department of Defence, Response to Notice to Give, NTG-DEF-003, DEF.9999.0113.0001 at 0005 [10–11]; Exhibit 16-01.031, Hearing Block 3, Department of Defence, *Defence Annual Report 2020-21*, DVS.0000.0001.3686 at 3802.
- 971 Exhibit K-01.032, Department of Defence, Response to Notice to Give, NTG-DEF-140, DEF.9999.0112.0001 at 0008 [Table 3.1].
- 972 Exhibit 87-01.001, Hearing Block 12, Department of Defence, Response to Notice to Give, NTG-MYA-001, DEF.9999.0151.0202 at 0215 [58].
- 973 Exhibit 98-01.045, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTP-DEF-376, Defence People Committee 16 November 2023 Outcomes, DEF.1376.0002.0043 at 0051 [51]; Transcript, Justine Greig, Hearing Block 10, 24 July 2023, p 73-7082 [38–40].

- 974 Exhibit K-01.032, Department of Defence, Response to Notice to Give, NTG-DEF-140, DEF.9999.0112.0001 at 0005 [7].
- 975 Exhibit K-01.078, Department of Defence, Response to Notice to Produce, NTP-DEF-180A-01, Workplace Behaviours Survey 2023, DEF.1180.0003.0549 at 0589; Exhibit K-01.077, Department of Defence, Response to Notice to Produce, NTP-DEF-180A-01, YourSay Workplace Experience – March 2023, DEF.1180.0003.1343 at 1385.
- 976 Exhibit K-01.037, Department of Defence, Response to Notice to Give, NTG-DEF-193, DEF.9999.0135.0001 at 0017 [6], 0025 [20].
- 977 Exhibit K-01.092, Department of Defence, Response to Notice to Produce, NTP-DEF-001, 2018 Workplace Behaviours Report, DEF.0001.0001.7054 at 7059.
- 978 Exhibit F-03.012, Department of Defence, Response to Notice to Produce, NTP-DEF-001, Workplace Behaviours Summary Report – September 2020, DEF.0001.0001.8423 at 8423–8425.
- 979 Exhibit K-01.032, Department of Defence, Response to Notice to Give, NTG-DEF-140, DEF.9999.0112.0001 at 0023 [6].
- 980 Exhibit 61-02.011, Department of Defence, Response to Notice to Produce, NTP-DEF-008, *Whole of Defence 2013 Unacceptable Behaviour Survey Report*, DEF.1000.8001.3094 at 3378; Exhibit 16-1.47, Department of Defence, Response to Notice to Produce, NTP-DEF-008, *Whole of Defence Unacceptable Behaviour Survey Report 2020*, DEF.1000.8001.8307 at 8307–8309.
- 981 Exhibit B-01.014, Department of Defence, Response to Notice to Give, NTG-DEF-018, DEF.9999.0010.0008 at 0019 [Table 2].
- 982 Transcript, Megan MacKenzie, Hearing Block 3, 8 March 2022, p 17-1503 [7–15].
- 983 Exhibit 87-01.057, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTP-DEF-356, Pathway to Change Review, DEF.1356.0001.1038 at 1049.
- 984 Exhibit K-01.037, Department of Defence, Response to Notice to Give, NTG-DEF-193, DEF.9999.0135.0001 at 0045 [69].
- 985 Exhibit K-01.037, Department of Defence, Response to Notice to Give, NTG-DEF-193, DEF.9999.0135.0001 at 0046 [70].
- 986 Exhibit G-01.006, Australian Human Rights Commission, Response to Notice to Produce, NTP-AHR-003, Insights about sexual misconduct – Part 1 – Understanding sexual misconduct, AHR.0002.0001.0593 at 0609–0610.
- 987 Exhibit G-01.006, Australian Human Rights Commission, Response to Notice to Produce, NTP-AHR-003, Insights about sexual misconduct – Part 1 – Understanding sexual misconduct, AHR.0002.0001.0593 at 0610.
- 988 Exhibit 35-02.032, Hearing Block 5, Department of Defence, Response to Notice to Produce, NTP-DEF-008, Sexual Misconduct in the Australian Defence Force 2013-2021 – Perspectives from YourSay Workplace Experiences and the Workplace Behaviours Surveys, DEF.1000.8002.5946 at 5957.
- 989 Exhibit 35-02.032, Hearing Block 5, Department of Defence, Response to Notice to Produce, NTP-DEF-008, Sexual Misconduct in the Australian Defence Force 2013-2021 – Perspectives from YourSay Workplace Experiences and the Workplace Behaviours Surveys, DEF.1000.8002.5946 at 5968 [45].
- 990 Exhibit K-01.032, Department of Defence, Response to Notice to Give, NTG-DEF-140, DEF.9999.0112.0001 at 0010–0013 [Table 4.1], 0015 [35].
- 991 Exhibit K-01.032, Department of Defence, Response to Notice to Give, NTG-DEF-140, DEF.9999.0112.0001 at 0033 [76].
- 992 Exhibit K-01.037, Department of Defence, Response to Notice to Give, NTG-DEF-193, DEF.9999.0135.0001 at 0002 [1a].
- 993 Exhibit K-01.037, Department of Defence, Response to Notice to Give, NTG-DEF-193, DEF.9999.0135.0001 at 0002 [1c].
- 994 Exhibit K-01.037, Department of Defence, Response to Notice to Give, NTG-DEF-193, DEF.9999.0135.0001 at 0002 [1b].
- 995 Exhibit K-01.077, Department of Defence, Response to Notice to Produce, NTP-DEF-180A-01, YourSay Workplace Experience – March 2023, DEF.1180.0003.1343 at 1371, 1378.
- 996 Exhibit K-01.078, Department of Defence, Response to Notice to Produce, NTP-DEF-180A-01, Workplace Behaviours Survey 2023: Participant Information and Consent, DEF.1180.0003.0549 at 0552–0555, 0589.

- 997 Exhibit G-01.008, Department of Defence, Response to Notice to Produce, NTP-DEF-269-04, Australian Human Rights Commission: Reporting on unacceptable behaviour in Defence, DEF.1269.0006.0001 at 0038.
- 998 Exhibit K-01.041, Department of Defence, Response to Notice to Give, NTG-DEF-218, DEF.9999.0139.0079 at 0086.
- 999 Exhibit 85-01.004, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-142, DEF.9999.0115.0013 at 0018 [25, 30]; Exhibit K-01.032, Department of Defence, Response to Notice to Give, NTG-DEF-140, DEF.9999.0112.0001 at 0008 [Table 3.1].
- 1000 Exhibit 85-01.004, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-142, DEF.9999.0115.0013 at 0018 [26]; Exhibit 72-02.020, Hearing Block 10, Department of Defence, Response to Notice to Produce, NTP-DEF-167-03, Australian Defence Force Families Survey, DEF.1167.0012.0103 at 0121.

Part 8

Beyond the Royal Commission

30 Beyond the Royal Commission

Summary

This final report has highlighted the scale, contributing risk factors and overarching drivers of suicide and suicidality among serving and ex-serving Australian Defence Force (ADF) members. We have made recommendations aimed at harm prevention and early intervention, improving delivery of services and supports, coordination between agencies, and changing cultural and institutional practices within the Department of Defence and the Department of Veterans' Affairs.

In this chapter, we call for the Australian Government to create a new entity with specific responsibility for, and focus on, preventing the suicide of our serving and ex-serving ADF members.

A new entity is needed because oversight and accountability for the wellbeing of serving and ex-serving ADF members is currently fragmented across multiple agencies. These agencies lack the capabilities to address the complexity of defence and veteran suicide and the interplay of risk factors. They lack expertise in the defence and veteran ecosystem, service life and post-service support needs and services provision. Agencies have often resourced and prioritised short-term responses rather than long-term solutions. Having an entity specifically focused on the wellbeing of serving and ex-serving ADF members will help Defence remain an attractive career proposition when it is facing a recruitment shortfall and retention crisis.

Here, we set out our proposed model for the new entity – a non-corporate Commonwealth statutory agency. We consider Australian Government guidance for establishing new entities, together with the requirements of our terms of reference and the expectations of stakeholders. We examine existing oversight agencies and why none could deliver on the requirements and responsibilities of the proposed entity. We look at the precedent set by previous royal commissions that recommended the establishment of standalone entities to address systemic problems and monitor the implementation of their recommendations.

Recommending a new entity will not relieve or absolve the departments of Defence and Veterans' Affairs, and other relevant agencies, of their obligations to address issues affecting the wellbeing of serving and ex-serving ADF members. Rather, the statutory agency we propose would help them discharge those responsibilities more effectively. A statutory agency with internal expertise in the multiple drivers behind suicide and suicidality, and the experience of service and post-service life will be able to provide evidence-based advice on data and trends. Its singular focus will enable more effective consideration of the multitude of factors and influences that contribute to suicide and suicidality among serving and ex-serving ADF members.

Establishing a new independent oversight entity would demonstrate that the lives of those who serve this country are valued and that Australia is committed to protecting the lives of those who protect us.

30.1 Introduction

1. This Royal Commission was tasked with identifying systemic issues and themes behind the national crisis of suicide and suicidality among serving and ex-serving members of the Australian Defence Force (ADF). We were also responsible for proposing solutions to support the wellbeing of serving and ex-serving ADF members and their families.
2. As this final report has outlined, cultural and institutional practices within Defence (both the department and ADF) and the Department of Veterans' Affairs (DVA) have contributed to an environment of risk, and have hindered the prevention of suicide and suicidality among serving and ex-serving ADF members.
3. Risks to wellbeing arise, or are exacerbated by, experiences of unacceptable behaviour and moral injury, interaction with the military justice system, exposure to trauma, physical injury and illness, separation from family and family disruption. Risks also result from the social, psychosocial and economic challenges of reintegrating into civilian communities and accessing meaningful support following separation from the ADF.
4. Reducing the persistently high rates of suicide and suicidality among serving and ex-serving ADF members therefore requires action to address this complex interaction of stressors that impact physical and mental wellbeing throughout service and post-service life.
5. In this final report, we have made numerous recommendations aimed at harm prevention and early intervention, including the provision of timely supports tailored to individual needs. Our recommendations aim to improve how supports are accessed and received, and to increase coordination, collaboration and cohesion between agencies that deliver those supports. We have also identified the changes required to build capability and capacity within Defence and DVA to ensure that care is applied consistently and aligned with best practice. Additionally, we propose measures to enhance transparency and accountability for improved outcomes.
6. Our recommendations include actions to be taken immediately, as well as proposals that require sustained, long-term effort and attention.
7. In our interim report, delivered in August 2022, we identified a compelling case to establish a new entity that would drive lasting systemic reform to reduce rates of suicide and suicidality, and monitor and report on the implementation of our recommendations and those of previous inquiries.¹
8. Having now concluded our inquiry, we re-affirm our view that establishing a new entity with a dedicated and sustained focus on suicide prevention is the most significant action the Australian Government can take to address defence and veteran suicide.

9. By monitoring, reviewing, investigating and reporting on actions taken to prevent suicide and suicidality, a new entity can be a catalyst for change across Australian Government agencies. It can improve transparency, accountability and performance around the policies, programs, systems and practices that impact suicide and suicidality among serving and ex-serving ADF members.
10. In this chapter, we outline our recommendation for establishing a new, independent oversight entity to follow this Royal Commission. We:
 - examine shortcomings within the existing oversight architecture
 - identify the benefits of improved oversight
 - propose key functions and powers for a new entity that would best achieve its purpose
 - explain the considerations that have informed our thinking.

30.2 Systemic shortcomings within the existing oversight architecture

11. Effective oversight can drive reform through greater transparency and accountability. Shortcomings within the existing oversight architecture, in particular its fragmented nature, demonstrate the need for a new entity to fill these gaps.

30.2.1 No single agency targets suicide and suicidality

12. A combination of agencies have oversight and accountability responsibilities for serving and ex-serving ADF members, as set out in section 30.5.1. However, none of these agencies has a mandate to monitor the 'ecosystem' of agencies responsible for the wellbeing of serving and ex-serving ADF members and their families (referred to collectively as the defence and veteran ecosystem) through the lens of suicide prevention.
13. Consequently, oversight has largely focused on discrete issues that contribute to suicide and suicidality, or the actions of a single agency, policy or program. This fragmented and narrow approach does not support a systems-level understanding of suicide and suicidality. Examining risk factors in isolation fails to account for the typically complex interactions between risk and protective factors that may be present in a serving or ex-serving ADF member's life.
14. Responsibility for suicide prevention needs to be widely embedded. This requires an integrated and collaborative approach between Defence, DVA, other agencies and non-government organisations at federal and state and territory levels. This is further complicated by the defence and veteran ecosystem having many component parts, while services are delivered through multiple agencies and providers.

15. Having a single entity focused on suicide and suicidality among serving and ex-serving ADF members could rectify this. The entity would provide:
 - *visibility* – every actor within the defence and veteran ecosystem would know there was an entity responsible for ensuring all Australian Government agencies (including Defence and DVA) were held accountable for their performance in preventing suicide and suicidality
 - *coherence* – different risk factors and institutional drivers of suicide and suicidality can be considered together, supported by strong internal capability
 - *coordination* – the efforts of states, territories and ex-service organisations (ESOs) could be better coordinated with those of the Australian Government.
16. Current oversight mechanisms do not enable system-wide visibility to reveal what is and is not working to reduce rates of suicide and suicidality among serving and ex-serving ADF members. Opportunities are being lost for systemic reforms to prevent suicide and suicidality among this cohort. In the absence of a new entity, oversight will remain fragmented and the impact of interventions may be limited.

30.2.2 Limited capability among existing agencies

17. Existing agencies lack the capabilities needed to address the complexity of defence and veteran suicide.
18. Preventing suicide and suicidality among serving and ex-serving ADF members requires knowledge and awareness of both the context of service and post-service life, and the experiences of serving and ex-serving ADF members and their families.
19. It requires expertise about the multiple drivers of suicide and suicidality. As our final report shows, risk factors for suicide and suicidality cut across many domains. They include housing and financial security, family and interpersonal relationships, access to services and supports, and psychosocial factors such as feelings of purpose and belonging. The interactions between these factors can be complex. There can also be significant time lags between exposure to risk factors during service and that exposure causing suicide and suicidality post-service.
20. Preventing suicide and suicidality among serving and ex-serving ADF members also requires an understanding of the institutions that are involved. They include all parts of the defence and veteran ecosystem, and the agencies, policies and programs within it. This requires an ability to navigate large and complex bureaucracies spanning portfolios and jurisdictions.
21. Addressing the problem requires familiarity with the people that experience it. This too, is complex. The number of serving and ex-serving ADF members is large, at over 580,000 (as of 2021).² Their experiences and characteristics are not the same as those of the general Australian population, meaning specialised approaches will be required. They are also not a homogeneous group, and different cohorts will have specific needs.

22. No existing agency has the capability to meet all these requirements, as we discuss in section 30.5.1.
23. This Royal Commission's experience demonstrated the level of comprehension required to address suicide and suicidality among serving and ex-serving ADF members. Building capacity within this Royal Commission required:
 - meaningful and continuous engagement with serving and ex-serving ADF members
 - improved data capability
 - an understanding of operational, political and policy contexts
 - personal engagement with the lived experience of suicide and suicidality shared by serving and ex-serving ADF members and their families
 - coordination with ESOs.
24. Only a new entity with the expertise to navigate these complex issues will be able to build the required capability and provide the necessary level of oversight to reduce suicide and suicidality among serving and ex-serving ADF members.

30.2.3 A lack of long-term oversight

25. Previous inquiries and review bodies have operated for a limited and usually short period, with minimal or no follow-up once their reports had been released. As a result, agencies within the defence and veteran ecosystem have not been held accountable for measuring the effectiveness of reforms implemented following the recommendations of previous inquiries or reviews, or demonstrating positive outcomes.
26. This has contributed to a dynamic where agencies often resource and prioritise short-term responses rather than long-term solutions. This is not effective in addressing suicide and suicidality, where causes are complex and entrenched. They need time, focused attention and specialised capability to resolve. We note more than 750 recommendations of previous inquiries and reviews have resulted in some changes and improvements, but not the level of reform envisaged or needed.
27. Measuring the effects of interventions, reforms and actions to address suicide and suicidality among serving and ex-serving ADF members will require short- and long-term monitoring and evaluation.³
28. A standing entity with a clear mandate and powers to enable external scrutiny of relevant agencies would address the limitations of previous time-limited inquiries. Critically, it would hold agencies accountable for their actions over the short, medium and longer terms. It could ask:

- Are agencies doing what they have committed to do?
 - Are programs working as intended?
 - What outcomes does the data demonstrate?
 - What more is needed?
29. Without a new entity of this kind, the current approach will continue to focus on short-term individual measures. It will fail to promote and refine long-term measures to tackle suicide and suicidality among serving and ex-serving ADF members.

30.3 The benefits to government of a new entity

30. Suicide is preventable. During the course of our inquiry, we heard extensive evidence regarding the strategies and actions that can and should be taken to mitigate suicide and suicidality. Suicide prevention requires sustained investment, focus and leadership.
31. Strong independent oversight can help drive reform in support of a defence force that is modern, responsive and people-centred. Such scrutiny can encourage Defence to make changes that are in the interests of itself and its members.
32. Given the current recruitment and retention crisis, Defence needs to improve its approach to member wellbeing if service in the ADF is to remain an attractive career prospect in a competitive labour market.
33. The oversight mechanism we propose will help the ADF to become a safe, healthy and supportive workplace, and one that is more in line with community expectations. Potential recruits will have confidence Defence is being held accountable for improved wellbeing standards, and that government and the community have clear visibility of its performance in this area.
34. Establishing a new independent oversight entity focused on suicide prevention would send a clear signal the Australian Government recognises the gravity of the crisis. It would signal that veterans' lives are valued, that suicide prevention objectives are embedded, and the government is determined to address this issue on an ongoing basis.
35. As our external consultation process demonstrated many in the defence and veteran community would value such a signal, as discussed in section 30.5.3. We believe it will help restore confidence and trust in Defence and DVA. Failing to proceed with establishing a new oversight entity risks sending the opposite signal.

30.4 Our proposed model for a new entity

36. In identifying the purpose, functions and powers of the new entity, we have closely considered Australian Government guidance for establishing new entities, including Department of Finance guidelines. The model we propose is as consistent with government policy as possible, while still delivering on the outcomes required by our terms of reference and reasonably expected by stakeholders.

30.4.1 Purpose and functions of the new entity

37. We recommend the Australian Government establish a new entity with the purpose of:

Providing independent oversight and evidence-based advice to drive system reform to improve suicide prevention and wellbeing outcomes for serving and ex-serving ADF members.

38. The new entity will achieve its purpose through the following functions:

- monitor, investigate and report to the Minister and Parliament on:
 - data and trends regarding suicide and suicidality among serving and ex-serving ADF members
 - systemic factors relating to the Australian Government's administration of policies, programs, systems and practices that contribute to suicide and suicidality among serving and ex-serving ADF members
 - the progress and impact of the Australian Government's implementation of our recommendations, and their outcomes once implemented
 - the state of the defence and veteran ecosystem, as it relates to the prevention of suicide and suicidality, including:
 - the cultures of Defence and DVA
 - the availability and effectiveness of prevention and early intervention programs
 - levels of collaboration across the defence and veteran ecosystem, including engagement with families of serving and ex-serving ADF members
- provide independent evidence-based advice, promote the voice of lived experience, build capacity, and improve supports for serving and ex-serving ADF members
- anything incidental or conducive to the performance of the above functions, to help identify opportunities for improvement, priorities and interventions. This would include:

- collaborating with other agencies (government and non-government) and other relevant Ministers
- commissioning and undertaking research
- engaging with people with lived experience.

30.4.2 Key design features

39. The way that an entity is designed and described in legislation fundamentally influences the impact and influence it will have, whether it is able to deliver on its vision successfully, and the way it is perceived by stakeholders. There are many design features that influence, for example, the independence of an entity.
40. We have drawn on relevant Australian Government guidance to identify the key design features of the new entity. This includes Department of Finance publications relating to the *Public Governance, Performance and Accountability Act 2013* (Cth) (the PGPA Act); policies including the Commonwealth Governance Structures Policy; Australian Public Service Commission and Australian National Audit Office publications regarding good governance; and the Office of Parliamentary Counsel Drafting Directions about Commonwealth bodies.⁴
41. We have proposed a design that balances the need for an independent entity that is able to hold Defence and DVA accountable for suicide and suicidality prevention with the need to ensure the new entity is appropriately accountable to the Australian Government. The design also ensures there is clarity around the application of important legislation, including the PGPA Act and the *Public Service Act 1999* (Cth).

Type of entity

42. We are of the view that the most appropriate structure for the new entity is a non-corporate Commonwealth entity – specifically, a listed entity. It should be established as a statutory agency through purpose-specific enabling legislation.
43. A non-corporate Commonwealth statutory agency would best support the purpose and functions outlined above. It is consistent with Australian Government policy⁵ that guides decision-making regarding fit-for-purpose governance arrangements, in that it:
 - reflects the level of autonomy and independence required
 - is appropriate for the expected size of the organisation (staff and budget)
 - provides operational efficiency, with a focus on minimising unnecessary demand on public sector resources
 - sets the appropriate level of accountability to Parliament and the public.
44. Enabling legislation would set out matters relevant to the new entity including the powers it needs to fulfil its functions. These matters are described in later sections.

45. Other entity types were considered as part of our design process, including other primary bodies, secondary statutory structures and secondary non-statutory structures. However, we found these alternative entity types were unsuitable. This is because they are either not proportional in terms of the expected size, activities and funding arrangements intended for the new entity (in relation to corporate Commonwealth entities) or they do not provide for the independence and powers required (in the case of secondary statutory and non-statutory structures).

Independence

46. The new entity must not only be independent but also seen to be independent. This is crucial for maintaining community confidence in the entity and support from serving and ex-serving ADF members. This independence is also necessary to enable it to carry out its role and functions effectively.
47. While the new entity will have accountabilities to the Australian Government (including under the PGPA Act), the legislation will set out its functions. As there will have been parliamentary oversight in the setting of those functions in law, it is important the new entity can then perform those functions without interference.
48. Consistent with many other types of similar legislation, we propose that the enabling legislation would expressly state the entity has discretion in performing its functions and powers. The Minister would not be able to direct the entity on these matters, but we propose that the Minister should have the power to direct the entity to conduct a particular review. This is so the entity can be responsive when different areas of government identify pressing matters requiring inquiry that relate to the entity's functions.

Information-gathering powers

49. A key function of the new entity will be understanding the administration of Australian Government programs that contribute to suicide and suicidality among serving and ex-serving ADF members. Equally important will be holding Australian Government agencies accountable for implementing this Royal Commission's recommendations.
50. We would expect strong collaboration and information sharing between Australian Government agencies to enable the new entity to perform its role. However, we are not confident this will always occur. As such, we believe it is necessary for the legislation to expressly provide the entity with appropriate powers of inquiry to obtain relevant information from Australian Government agencies.
51. These powers will enable the head of the new entity to obtain necessary information from those agencies, or any other person or body, if they have reason to believe they have information or a document relevant to the new entity's functions.

52. To deliver on its core purpose, the new entity should prioritise inquiry into and reporting on:
- issues that are systemic, widespread and serious, including the prevention and reduction of suicide and suicidality among serving and ex-serving ADF members
 - decisions made in response to the recommendations of this Royal Commission, and such other inquiries as the new entity considers appropriate
 - the implementation of such recommendations as are accepted or any alternative measures that may be adopted.
53. We recommend the enabling legislation give the entity the powers (to be exercised in pursuit of the new entity's purpose and functions) to:
- issue notices requiring the production of documents and information
 - conduct hearings (summoning witnesses and requiring evidence on oath or affirmation).
54. Offences for failing to give the information, produce a document, or appear as requested should also be included in the legislation, as should offences for the provision of false or misleading information or documents.
55. There is precedent for this approach in the *Inspector-General of Aged Care Act 2023* (Cth), which provides for coercive information gathering. Failure to comply with such a request is an offence. Certain privileges (such as against self-incrimination, self-exposure to a penalty and legal professional privilege) apply in relation to the giving of information and how it may be used in the future.

Reporting

56. The new entity would have routine reporting obligations as part of its obligations under the PGPA Act. This would include publishing an annual report, including an annual performance statement.
57. The legislation should provide for the new entity to report to Parliament and/or the relevant Minister (where the Minister has requested such a report) on particular matters and/or investigations. This reporting will support independence and transparency. It will provide the public with oversight of progress towards preventing suicide among serving and ex-serving ADF members, including the implementation of the recommendations of this Royal Commission and the achievement of wellbeing outcomes for serving and ex-serving ADF members.
58. We do not believe every report should be addressed to Parliament. Some reports will be more suitably addressed elsewhere. For example, a report on a matter specific to the Army might sensibly be addressed to the Chief of Army – as well as being made public by the new entity – without needing to be tabled in Parliament.

59. The new entity will, from time to time, need to examine matters dealing with national defence and, other times, matters of personal privacy. Therefore, while its primary requirement must be making reports public, it should be empowered to issue confidential reports in specific circumstances.

Other matters for inclusion in the enabling legislation

Establishment date

60. We recommend the new entity be established expeditiously and as a priority, no later than 30 September 2025.
61. This timing represents 12 months from delivery of this Royal Commission's final report. We believe this is sufficient time for the Australian Government to consider our recommendations, conduct further consultation and pass the enabling legislation.

Accountable authority

62. All non-corporate Commonwealth entities have an 'accountable authority' that sits at the apex of the organisation and is responsible for:
- governing the entity
 - contributing to the priorities and objectives of government
 - establishing and maintaining appropriate systems relating to risk management and oversight and internal controls
 - encouraging officials to cooperate with others to achieve common objectives
 - considering the effects of imposing requirements on others
 - keeping the relevant Minister and the Finance Minister informed.⁶
63. The head of the new entity should be its accountable authority. The title of this position is ultimately a matter for the Australian Government to determine.
64. Consistent with the approach commonly adopted for other heads of statutory agencies, we propose that the Governor-General appoint the head of the new entity, on the recommendation of the Minister, for a term of up to 5 years. They should hold office on the terms and conditions determined by the Governor-General (to the extent that they are not covered by the Act). Their remuneration would be determined by the Remuneration Tribunal.

65. The new entity must have strong and effective leadership. To reduce the risk of actual or perceived politicisation of the appointment, we strongly recommend specific safeguards, including:
- publicly advertising the role, along with the selection criteria
 - establishing an independent panel to assess applicants against the selection criteria, and provide a shortlist of suitable candidates to the Minister
 - limiting the Minister's selection of the appointment from the shortlist.
66. Consequently, in making their recommendation to the Governor-General, the Minister for Defence must have the concurrence of the Minister for Veterans' Affairs and must be satisfied that:
- the person for the appointment has relevant experience, and is not a recent (5 years or fewer) serving member
 - the selection of the person for the appointment is the result of a merit-based process that included public advertising of the position.

Staffing

67. Legislation establishing statutory agencies needs to deal with the staffing of those agencies. It is proposed that staff of the new entity could be engaged under the *Public Service Act 1999* (Cth). This ensures matters such as engagement of Australian Public Service (APS) employees, classifications, terms and conditions, and moves between agencies can be dealt with consistently and fairly for APS employees. This is also the Australian Government's preferred approach for statutory agencies of this type.
68. The legislation should also enable the head of the new entity to negotiate with states and territories to engage state and territory employees to assist with the performance of its functions, as well as to engage consultants.

Secrecy provisions

69. Overriding the operation of secrecy provisions in other legislation promotes an environment of disclosure. It ensures that information can be forthcoming (without fear of breaching another Australian Government secrecy regime) where it is reasonable, necessary and proportionate for the new entity to be comprehensively informed by all relevant information in the performance of its functions.

70. It is proposed that the legislation include:
- secrecy provisions that lift prohibitions on information that people can disclose (such that a person is not excused from disclosing relevant information, producing a document or a thing or answering questions despite a prohibition set out in another law)
 - any specific exceptions (where the secrecy provisions of another law would not be overridden, such that a person may not need to give certain information, produce a document or thing, or answer certain questions).
71. Precedent for this approach is evident in the Inspector-General of Aged Care Act. It ensures a person is not excused from giving information that is requested under that Act on the grounds that doing so would breach a particular secrecy of information provision that is specified, unless it is a secrecy provision that is expressly stated as not being overridden. An example of the latter is that a person does not have to provide access to personal medical information protected under the *My Health Records Act 2012* (Cth).
72. We note the approach to secrecy provisions (and the duties of non-disclosure more broadly) – including the need for specific laws and the intersection of laws of general application – will require detailed consideration during the legislative process in consultation with relevant Australian Government departments.

Protections for disclosures

73. The proposed new entity would not manage complaints from individuals relating to other Australian Government agencies, nor would it investigate individual disputes about them. This is to ensure a systems-level focus and to prevent the duplication of functions with other complaints handling bodies. However, it is likely that through the course of examining or investigating the systemic approach taken by agencies, individuals may wish to make protected disclosures.
74. The enabling legislation must set out the protections that may be available to persons who make a disclosure to the new entity.
75. It is proposed the legislation include:
- protections for those disclosing information to the entity (including provisions relating to confidentiality of the identity of people who make disclosures)
 - prohibitions on victimisation
 - immunity from liability for certain disclosures made to the entity.
76. Such provisions would signal the value of disclosures and promote a culture that encourages and protects such disclosures.

77. Precedents for this approach include the protections available under the *Corporations Act 2001* (Cth) for disclosures to a range of bodies including Australian Securities and Investments Commission and the Fair Work Commission.

Referrals of information

78. The new entity may receive information that is highly relevant to the functions of another Australian Government agency. Subject to the necessary controls and consents, it is important that the entity can share such information with the other agency including to avoid 'working in silos', which could pose real risks to serving and ex-serving ADF members and others.
79. The new entity should, therefore, have the power to make referrals to relevant agencies.

Independent review of the new entity

80. We see value in an independent review of the new entity after 10 years of operation. As outlined in this report, suicide prevention is multifaceted and long-term outcomes may not be realised for some time. Difficulties in measuring outcomes are further compounded by limited data, long timeframes between some interventions and outcomes, and challenges attributing suicide prevention activities with outcomes, given these activities do not typically operate in isolation.
81. Therefore, it is important that appropriate measures of success are identified for the short, medium and long terms.
82. The review would seek to ensure that the entity's functions and powers continue to be fit for purpose, and that it is achieving its purpose.

Interaction with other Australian Government agencies, and states and territories

83. As outlined above, one of the primary justifications for establishing a new entity is to address the complexity and fragmentation of the defence and veteran ecosystem. We do not make this recommendation with the intention of introducing another layer of administration or another agency that will work in a silo. Rather, the targeted purpose and functions, and the enabling powers and provisions, have been carefully considered to provide the new entity with the capacity to be a catalyst for reform across the defence and veteran ecosystem.
84. In order to do this, the new entity will need to communicate effectively and collaborate with other agencies to coordinate effort and work priorities. It will have to share information and advice on best-practice suicide prevention and early intervention approaches to reduce suicide risk.

85. As the states and territories are key players in the defence and veteran ecosystem, the new entity must engage with them in an advisory capacity. We expect it would share information and learnings to help support states and territories to drive changes within their service systems.
86. Where required, the ministerial council system can serve as one route for the new entity to channel advice. For example, the head of the new entity could provide advice to the Veterans' Ministerial Council (and its subordinate committee). This consists of the Ministers with responsibility for veterans' affairs from the Australian Government and each of the state and territory governments, and is chaired by the federal Minister for Veterans' Affairs.⁷

Advisory council

87. We see benefit in the new entity establishing a non-statutory advisory council made up of individuals with a mix of skills, experience and expertise. This would include individuals who can demonstrate:

- lived experience of suicide and suicidality
- relevant subject matter expertise, including in the areas of suicide prevention, veteran health and wellbeing, policy development and data analysis
- experience serving in the ADF.

The advisory council should also reflect the diversity of the contemporary serving and ex-serving ADF community.

88. Council members may be nominees of specific organisations or may be appointed in an individual capacity. Each council member would hold their appointment at the discretion of the head of the entity.
89. The role and functions of the advisory council should be determined by the new entity, but we would expect they would include providing:
- advice on priorities for future reviews or investigations
 - feedback and advice on materials prepared, including draft reports
 - input into communications and stakeholder engagement strategies.

30.5 Considerations that have shaped our thinking

30.5.1 The role of existing agencies

90. We considered whether recommending reform of an existing agency (or agencies) would be preferable to establishing a new entity. We did this for four reasons.
- There are practicalities. Establishing a new entity imposes an ongoing fiscal cost on the Australian Government. It requires staff and facilities, and takes time and legislative resources to establish and maintain.
 - We are aware that Australian Government policy is not to create new statutory bodies, where possible.⁸ We recognise that not all issues, however serious, require establishing a standalone agency.
 - The Royal Commission heard evidence that, in some cases, organisational reform may be more effective at changing behaviour and improving accountability. We heard, for example, setting clear objectives and identifying key measures can be an effective way of achieving organisational priorities.⁹ We also heard of the risks that independent oversight can entail when it is not well designed or properly embedded, including that it can affect whether management performs their assigned responsibilities.¹⁰
 - We recognise that Defence, DVA and other agencies must retain responsibility for addressing the risk factors for suicide and suicidality that arise within their remits.
91. Therefore, we undertook an in-depth analysis of existing agencies' roles and functions, alongside recently proposed reforms. This analysis informed our rationale for proposing the new entity and the development of the model outlined above.

Analysis of existing agencies

92. We identified existing agencies that have an advisory or oversight role relevant to the wellbeing of serving and ex-serving ADF members. This includes those in the defence and veteran ecosystem, and those involved in mental health promotion and suicide prevention more generally.
93. Each agency was examined to determine its alignment with structural priorities, including clarity of purpose, standing oversight, independence and capability. We considered a number of characteristics, such as:
- existing roles, remits and functions, and how these could support or conflict with the objectives of a new entity
 - independence, including in legislation, organisational structures and culture
 - statutory powers
 - workforce and resourcing

- general capability, including around suicide and mental health, and defence and veteran literacy
- issues that have been raised throughout our inquiry, including broader cultural issues, demonstrated ability to carry out prior commitments, and perceptions among the serving and ex-serving ADF community.

Summary of our analysis

94. We found existing agencies fall into the following categories:

- agencies that are subject to our recommendations, so they cannot perform an independent oversight role regarding their own implementation of recommendations (for example, defence agencies and DVA)
- agencies that have a very specific remit or focus that would not be consistent with what this Royal Commission considers is needed to 'shift the dial' on suicide prevention (for example, the Inspector-General of the Australian Defence Force)
- agencies whose current role would be fundamentally distorted or changed by simply adding functions, such that it would not be beneficial for serving and ex-serving ADF members or key stakeholders (for example, the Commonwealth Ombudsman)
- agencies that do not have adequate authority to fulfil the necessary functions of the new entity, either by virtue of how they are currently established, or due to their relationships with Defence, DVA and other actors within the defence and veteran ecosystem (for example, the National Mental Health Commission).

95. Our detailed analysis is set out below. In summary, we found existing agencies are not well suited to fulfil the purpose and objectives proposed for the new entity for four reasons:

- Australian Government agencies such as Defence and DVA lack independence and have demonstrated a need to improve accountability of some of their functions.
- Some agencies (such as Defence and DVA) have structural or cultural issues that call into question their ability to reform at the scale required. As explored in this final report, these issues include a sustained lack of capacity to carry out important internal reform, a prioritisation of organisational objectives other than suicide prevention, and previous unwillingness to hold other agencies within the defence and veteran ecosystem to account.
- No existing agency has the remit, resources and powers to assume the functions we foresee for the new entity. Nor is there an agency with a combination of mental health expertise, familiarity with the defence and veteran ecosystem, and capacity and powers to handle investigations. While an existing agency could be reformed, the scale of change required and the time and cost involved would

be considerable. It would risk failing to achieve the desired outcomes if the other limitations concerning independence, accountability and structural or cultural issues are not addressed.

- Relying on a combination of existing agencies to achieve desired suicide prevention outcomes would be neither practical nor cost-effective. There would be problems coordinating and collaborating across disparate portfolio areas, and existing gaps would remain.

How this analysis informed our proposal

96. Our understanding of the roles and functions of existing agencies and recently proposed reforms has informed the model we have proposed for the new entity, outlined above. It is based on the following principles:

- Transformational change is required given the unacceptably high rates of suicide, and the evidence we heard of suicide risk factors not being appropriately managed.
- The new entity should not seek to replace the responsibilities of existing agencies. Rather, its role should be to ensure that cultural change occurs, and that suicide prevention is embedded as a core business function.
- The new entity should not duplicate specific functions of existing agencies.
- The new entity should work with, and leverage the expertise of, existing agencies where possible.

Overview of existing agencies and their limitations

Defence

97. The Department of Defence's portfolio outcomes are largely operational, including to 'defend Australia and its national interests' and 'protect and advance Australia's strategic interests'.¹¹ While we have heard agreement from Defence about the shared responsibility for addressing the problem of suicide among serving and ex-serving ADF members, institutional reform will take time and will require dedicated oversight.

98. A key benefit of the new entity is its ability to provide independent, arm's-length oversight of the defence and veteran ecosystem as it relates to suicide prevention. We do not believe this independence could be achieved or sustained if the role of the new entity was held by Defence itself. As the work of this Royal Commission has identified, Defence has not demonstrated that it can be self-critical, forthright and proactive on the issue of suicide prevention.

99. There are also questions around Defence's capacity to initiate, undertake and follow through on difficult and long-term reform. The evidence before this Royal Commission reinforced the findings of previous reviews and inquiries that longstanding and

unresolved cultural, governance and accountability issues have prevented Defence from implementing and embedding positive change on the scale required to address high rates of suicide among serving and ex-serving ADF members.

100. Further, Defence's ability to have oversight of the issues affecting ex-serving ADF members would be contingent on its effective cooperation with DVA. This too, is an area that our inquiry and previous reports have raised as a concern, given the history of fragmented coordination between both agencies.
101. As discussed further below, stakeholders have identified similar concerns and have strongly emphasised the need for independent oversight of Defence, particularly in order to promote transparency and long-term accountability for the prevention of suicide and suicidality among serving and ex-serving ADF members.
102. The relationship between the new entity and Defence should be beneficial and complementary. A new entity could use its expertise to help Defence take an effective and evidence-based approach to the prevention of suicide and suicidality. It could provide independent oversight of Defence's actions and performance in this area. In doing so, it could help build community confidence in Defence.

Department of Veterans' Affairs

103. DVA states that its purpose is to 'support the wellbeing of those who serve or have served in the defence of our nation, and families'.¹² Its functions centre around delivering a range of discrete payments and entitlements, and providing other support services, largely to ex-serving members and their families. Administering the veterans' entitlements system is a purpose that is distinct from, and may conflict with, the purpose that we propose for the new entity.
104. As with Defence, we do not believe the requisite independence could be achieved if the functions of the new entity were to sit within DVA. As this final report and our interim report have identified, DVA has not always acted in the best interests of veterans.
105. We also note the concerns around DVA's strategic policy capability that have been raised in previous reviews.¹³ Again, this calls into question its ability to oversee systemic, widescale reform across the wider defence and veteran ecosystem.
106. Further, DVA's remit is largely focused on supporting ex-serving ADF members and their families. It lacks the powers and internal capacity to address the systemic issues that impact serving members.
107. During our consultation on the establishment of a new entity, numerous stakeholders expressed negative views concerning DVA. This included strong doubts about its capacity to reform without independent external oversight.¹⁴ The new entity could support this reform process.

Inspector-General of the Australian Defence Force

108. The principal functions of the Inspector-General of the Australian Defence Force (Inspector-General) are outlined in the *Defence Act 1903* (Cth).¹⁵ These include, but are not limited, to:
- inquiring into or investigating matters concerning the military justice system or ADF
 - conducting performance reviews of that system
 - inquiring into the deaths of ADF members (including by suicide)
 - overseeing the statutory Redress of Grievance system in the ADF.¹⁶
109. Oversight of the military justice system is important in the context of suicide prevention. However, the Inspector-General's narrow and defined scope is very different from the proposed role for the new entity. It does not have the remit, staff, powers or resourcing to undertake a broader oversight role, and could not do so in its current form.
110. This final report has raised a number of issues concerning the discharge of the Inspector-General's functions. Reform of the Inspector-General role should focus on its existing functions to strengthen the military justice system. Also, we do not propose the new entity would play a role in investigating individual deaths, which is a primary function of the Inspector-General.

Commonwealth Ombudsman and the Defence Force Ombudsman

111. The Commonwealth Ombudsman helps resolve complaints in relation to Australian Government agencies and some private agencies. The Commonwealth Ombudsman also oversees the Commonwealth Public Interest Disclosure scheme and monitors certain covert and intrusive powers by police and other law enforcement agencies.
112. The Commonwealth Ombudsman has a very broad remit (of 190 Commonwealth agencies), for which it must support complaints handling and resolution.¹⁷ It is responsive to complaints and provides reports with reasoned opinions and may make recommendations – for example, where it finds that an agency has undertaken administrative action that is wrong, unjust, unlawful, discriminatory or unfair.¹⁸
113. The Defence Force Ombudsman (DFO) sits within the Commonwealth Ombudsman and offers an independent complaints-handling mechanism for serving and ex-serving ADF members. Its focus is on resolving individual complaints regarding administrative matters that Defence or Defence agencies have not resolved. It also receives reports of serious abuse within Defence.¹⁹
114. The focus of the Commonwealth Ombudsman and the DFO are distinct from what we propose for the new entity, which would undertake proactive monitoring and provide strategic policy advice. Significant changes, including legislative change, would be required to embed these functions within either of these two bodies, and there is little precedent for doing so.

115. There are also issues with capability. As outlined earlier in this final report, we have set out our concerns around the effectiveness of external oversight bodies, including oversight provided by the Commonwealth Ombudsman and the DFO. These concerns relate to culture, resourcing and capacity to drive change within Defence and DVA. Addressing these issues will require significant reform.
116. The DFO's core complaints handling functions will remain important. As the new entity will not receive complaints, the Commonwealth Ombudsman and the DFO could complement its oversight role. They could also support the new entity through the provision of data and evidence.

Overview of recently proposed reforms and their limitations

National Mental Health Commission and National Suicide Prevention Office

117. The National Mental Health Commission (NMHC) monitors and reports on government investment in mental health and suicide prevention initiatives. It also provides evidence-based policy advice to government, and disseminates information on ways to continuously improve Australia's mental health and suicide prevention systems.²⁰
118. The National Suicide Prevention Office (NSPO) was established under the NMHC, in response to recommendations in the National Suicide Prevention Adviser's Final Advice and the Productivity Commission's inquiry into mental health and suicide prevention.²¹ It aims to build 'whole-of-government capability to deliver a national approach to reducing suicide rates in Australia'.²²
119. As part of the 2024–25 Budget, the Australian Government announced a process of reform to strengthen both agencies, including a plan to transition them into the Department of Health and Aged Care as a single, non-statutory office from 1 October 2024.²³
120. We do not believe that either agency individually, or the two collectively, could fulfil the purpose and objectives proposed for the new entity.
121. The two agencies lack the authority, resourcing and capacity to effectively monitor implementation of our recommendations, or to promote systems-level reform. Nor could they be readily adapted to do so.
122. Neither agency is resourced or authorised to oversee activity within Defence agencies or to monitor changes in policy, practices or culture. They do not have the powers or expertise to compel the provision of information or manage protected information from Defence agencies, and their functions could not be readily adapted to enable this. While the NMHC provides an annual report to the Australian Government, it is not empowered to report directly to Parliament. As such, its ability to compel change within agencies that have suicide prevention responsibilities may be limited.

123. Further, neither agency has defence expertise, or a deep understanding of the overarching drivers and risk factors for suicide that are specific to military personnel and differ from the civilian population.
124. However, the new entity could collaborate closely with the reformed non-statutory office, such as advising on evidence-based approaches to suicide prevention.

Parliamentary Joint Committee on Defence

125. In May 2024, the Defence Amendment (Parliamentary Joint Committee on Defence) Bill 2024 (Cth) was introduced to establish a Parliamentary Joint Committee on Defence (Committee).
126. This was in response to findings of the Joint Standing Committee on Foreign Affairs, Defence and Trade, which inquired into how Australia makes decisions to send service personnel into international armed conflict. It concluded that existing parliamentary oversight and accountability mechanisms for Defence were inadequate in balancing accountability and transparency against national security considerations. It recommended establishing a new joint statutory committee with the power to request and receive classified information and briefings, which would enable it to more effectively scrutinise Defence and its portfolio agencies.²⁴
127. The committee's proposed functions are wide ranging and include:
- reviewing the administration and expenditure of Australian defence agencies
 - scrutinising Australia's defence capability development and acquisitions
 - examining war or warlike operations
 - monitoring the involvement of Australian defence agencies in significant non-conflict operations.²⁵
128. Some of its other functions are relevant to this Royal Commission, including:
- considering matters relating to defence personnel and veterans' affairs
 - monitoring and reviewing the implementation of the Australian Government's response to the findings of any royal commission that inquires into a matter relating to the defence of Australia, the Department of Defence, ADF or another Australian defence agency
 - inquiring into other matters relating to one or more Australian defence agencies on the committee's own initiative.²⁶
129. We welcome initiatives that support the implementation of our recommendations and enable greater scrutiny of Defence, particularly decisions that affect serving and ex-serving ADF members.

130. However, it is clear that this committee will not have the remit, resources or powers to assume the oversight functions we foresee for the new entity. Suicide prevention is not specifically named as a focus area of its work. Further, as a parliamentary committee, it will not be sufficiently resourced or administratively capable of undertaking monitoring, review, investigation and reporting on suicide prevention, and providing advice to support wellbeing objectives across the defence and veteran ecosystem.

30.5.2 Precedent for establishing a new entity

131. We examined where previous royal commissions had recommended establishing standalone entities to address systemic problems identified by their inquiries, and to monitor the implementation of their recommendations. There is considerable recent precedent for this.
132. These bodies were recommended in different contexts, which is reflected in their varied functions and the means by which they were enacted. This analysis was instructive, and informed aspects of our proposed model for the new entity.

Aged care

133. In 2021, the Royal Commission into Aged Care Quality and Safety recommended that the Australian Government establish an independent office of the Inspector-General of Aged Care (recommendation 12). It was to ‘investigate, monitor and report on the administration and governance of the aged care system’.²⁷ It recommended this be housed separately from the System Governor, who is the Secretary of the Department of Health and Aged Care, with a separate appropriation and its own staffing.²⁸
134. The Inspector-General of Aged Care and the Office of the Inspector-General of Aged Care were established following passage of the Inspector-General of Aged Care Act in October 2023. Its roles include reviewing and reporting on the aged care system, identifying systemic and significant problems, and recommending changes to increase accountability and transparency through reporting its findings to Parliament. This included on the implementation of the Aged Care Royal Commission’s recommendations.²⁹
135. Its functions include reviewing aspects of the aged care system; overseeing complaints management processes; monitoring decisions, programs, operations and funding; and producing reports. It does not receive individual complaints.³⁰
136. Legislation requires the Inspector-General of Aged Care to conduct two reviews, at fixed periods, to evaluate the Australian Government’s implementation of the Aged Care Royal Commission’s recommendations.³¹ The legislation also gives the Inspector-General of Aged Care wide information-gathering powers, including to obtain information, retain documents and access premises.³² Individuals providing information are subject to protection in some circumstances.³³

Financial services regulation

137. In 2019, the Royal Commission into Misconduct in the Banking, Superannuation and Financial Services Industry recommended a new oversight authority for Australia's primary financial services regulators, the Australian Prudential Regulation Authority and the Australian Securities and Investments Commission (recommendation 6.14).³⁴ It recommended it be independent of the Australian Government and established in legislation.³⁵
138. The Financial Regulator Assessment Authority was established as an independent statutory body following passage of the *Financial Regulator Assessment Authority Act 2021* (Cth).
139. Its aim is to complement and enhance existing external accountability mechanisms.³⁶ Legislation requires the authority to report on the effectiveness and capability of the two regulators every two years, and reports must be tabled in Parliament. The authority can also prepare ad hoc reports at the request of the Minister.³⁷

Other royal commissions

140. In 2023, the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability recommended the establishment of a new National Disability Commission (recommendation 5.5), an independent statutory body that would report on outcomes for people with disability.³⁸ This remains under Australian Government consideration.
141. Additionally, numerous state-level royal commissions have resulted in entities set up to monitor and report on their recommendations. They include Victoria's 2009 Bushfires Royal Commission, its Family Violence Royal Commission and its Mental Health Royal Commission, which concluded in 2010, 2016 and 2021, respectively.³⁹

30.5.3 Stakeholder support for a new entity

142. Our recommendation to establish a new entity and the proposed model have been guided by the support and views expressed by stakeholders, including through a dedicated external consultation process. Through this process, many stakeholders emphasised the need for a new entity, and shared their perspectives on its purpose and design.

Consultation process

Consultation paper and response

143. On 15 November 2023, we released a consultation paper that proposed a new oversight body, and set out some of our early thinking on the topic. It contained a series of consultation questions.⁴⁰

144. We received 252 submissions in response to the consultation paper: 67 submissions from organisations and 185 from individuals. Of the submissions from organisations, around half were from veterans' organisations, including ESOs and other support organisations or peer groups. Of the submissions from individuals, nearly half were from ex-serving ADF members, with the remainder mostly from serving ADF members and family members.
145. We also held a series of stakeholder workshops and interviews in late 2023. The workshops involved 39 participants, while a further seven people were interviewed. They comprised representatives from veterans' organisations and peer groups, government agencies at the federal and state and territory levels, ex-serving ADF members, family members, academics, and representatives from health and mental health organisations.
146. The combined data received through submissions, workshops and interviews were coded and analysed by an independent consultant.

Other forums for consultation

147. Our recommendation to establish a new entity was also informed by consultation with our reference groups. Our Stakeholder Reference Group had representatives from ESOs and other groups with an interest in the mental health and wellbeing of serving and ex-serving ADF members. Our Defence and Veteran Suicide Prevention Reference Group consisted of serving and ex-serving members of the Navy, Army and Air Force, and mental health researchers and practitioners.
148. These groups helped facilitate regular communication with our key stakeholders, and supported our understanding of the defence and veteran ecosystem and the role to be played by the new entity.

Stakeholder views on a new entity

149. The response we received from serving and ex-serving ADF members, their families and the broader community, was strongly in favour of establishing a new entity.
150. Representatives of five significant ESOs strongly and unanimously supported the establishment of such a body when they gave evidence at Hearing Block 12, in Sydney in March 2024.⁴¹
151. Of the written responses we received from organisations during our consultation process, 86% agreed that a new entity should be established. We note that nearly half the organisations who provided responses were veterans' organisations or peer groups, representing many of Australia's more than 580,000 serving and ex-serving ADF members (as at 2021).⁴²

152. Many participants in the consultation process stated the status quo was not working, and a new entity was needed to meaningfully address suicide and suicidality among serving and ex-serving ADF members. They told us systemic change was needed, which would require an ongoing accountability mechanism.⁴³ A new entity was seen as a 'necessary step' to target these 'complex and pervasive issues', and its establishment would 'align to the gravity of the problem'.⁴⁴
153. While there was strong support for the establishment of a new independent entity with oversight responsibility, there were some divergent views in relation to its functions and powers. For example, some stakeholders felt the new entity must have powers to refer individuals for prosecution. It must also have coercive powers to enforce repercussions for non-compliance. Others argued a punitive approach should be avoided as it may have unintended consequences that work against facilitating positive cultural change. There were also divergent views over whether the new entity should receive and deal with individual complaints.
154. We carefully considered all stakeholder feedback. In forming our view on the scope, functions and powers of the new entity, we have sought to balance differing stakeholder positions against the evidence we received during our inquiry about the limitations of existing mechanisms. As our main areas of concern primarily relate to shortfalls within existing oversight, it is this issue that our proposed model is designed to address.

30.6 Conclusion

155. This Royal Commission has highlighted the scale, contributing risk factors and overarching drivers of suicide and suicidality among serving and ex-serving ADF members. Our work has focused attention on the importance of learning from past failures, understanding why transformational change has not yet occurred and setting up the right systems to position for success.
156. We have provided numerous recommendations, all of which are necessary to reduce the persistently high rates of suicide and suicidality among this vulnerable cohort. Our final recommendation, to establish a new entity, underpins all the recommendations that precede it.
157. In making the recommendation to establish a new entity, we do not intend to relieve or absolve Defence, DVA and other relevant agencies of their obligations to address issues affecting the wellbeing of serving and ex-serving ADF members. Rather, the statutory agency we propose would assist them in discharging their responsibilities more effectively.
158. A new entity can support governments, Defence, DVA and the wider defence and veteran ecosystem to prioritise and build on the positive work that started during this Royal Commission.

159. A statutory agency with internal expertise on the multiple drivers behind suicide and suicidality, and the experience of service and post-service life, will be able to provide evidence-based advice on data and trends. Its singular focus will enable more effective consideration of the multitude of factors and influences that contribute to suicide and suicidality among serving and ex-serving ADF members, where responsibility is currently fragmented and uncoordinated across multiple agencies.
160. By monitoring the defence and veteran ecosystem through the lens of suicide prevention, it can promote long-term change and drive system reform.
161. The establishment of a new independent oversight entity will represent a step forward in regaining community trust that has been lost, and focus attention on a cohort whose service to this country has been great, but whose interests have often gone unrepresented.
162. As Commissioners, we emphasise that reducing the rates of suicide and suicidality among serving and ex-serving ADF members is both necessary and possible.
163. Establishing a new entity would send a clear signal that the Australian Government recognises the gravity of this crisis. It would demonstrate that the lives of those who serve this country are valued. And it would confirm that Australia is committed to protecting the lives of those who protect us.

Recommendation 122: Establish a new statutory entity to oversee system reform across the whole Defence ecosystem

The Australian Government should establish a new statutory entity with the purpose of providing independent oversight and evidence-based advice in order to drive system reform to improve suicide prevention and wellbeing outcomes for serving and ex-serving Australian Defence Force members.

Endnotes

- 1 Royal Commission into Defence and Veteran Suicide, *Interim Report*, August 2022, p 147 [409–411].
- 2 Department of Veterans' Affairs, 'Census Reveals Nearly 600,000 Veterans in Australia', latest news, 28 June 2022, www.dva.gov.au/newsroom/latest-news-veterans/census-reveals-nearly-600000-veterans-australia, viewed 01 July 2024 (Exhibit X-01.021, DVS.0000.0001.9094).
- 3 Interim National Commissioner for Defence and Veteran Suicide Prevention, *Preliminary Interim Report*, September 2021, p 20 [42] (Exhibit 01-01.13, Hearing Block 1, INQ.0000.0001.1584).
- 4 Department of Finance, 'Commonwealth Governance Structures Policy (Governance Policy)', webpage, last updated 29 October 2020, www.finance.gov.au/government/managing-commonwealth-resources/structure-australian-government-public-sector/commonwealth-governance-structures-policy-governance-policy, viewed 1 July 2024 (Exhibit X-01.020, DVS.0000.0001.9100); Office of Parliamentary Counsel, *Drafting Direction No. 3.6 Commonwealth Bodies*, 10 January 2023, www.opc.gov.au/sites/default/files/2023-01/s06pf346.v88.pdf (Exhibit X-01.022, DVS.0000.0001.9233).
- 5 Department of Finance, 'Commonwealth Governance Structures Policy (Governance Policy)', webpage, last updated 29 October 2020, www.finance.gov.au/government/managing-commonwealth-resources/structure-australian-government-public-sector/commonwealth-governance-structures-policy-governance-policy, viewed 1 July 2024 (Exhibit X-01.020, DVS.0000.0001.9100); Department of Finance, 'Further Information on the Key Requirements of the Governance Policy', webpage, last updated 28 February 2023, www.finance.gov.au/government/managing-commonwealth-resources/structure-australian-government-public-sector/commonwealth-governance-structures-policy-governance-policy/further-information-key-requirements-governance-policy, viewed 1 July 2024 (Exhibit X-01.018, DVS.0000.0001.9107).
- 6 Department of Finance, 'Duties of Accountable Authorities', webpage, last updated 1 May 2023, www.finance.gov.au/government/managing-commonwealth-resources/duties-accountable-authorities-rmg-200, viewed 19 July 2024 (Exhibit X-01.017, DVS.0000.0001.9102).
- 7 National Federation Reform Council, *Veterans' Wellbeing Taskforce: Terms of Reference* (Exhibit 78-01.019, Hearing Block 11, DVA.0034.0001.0007).
- 8 Department of Prime Minister and Cabinet, *Legislation Handbook*, February 2017, p 31 (and restated in OPC Drafting Direction, January 2023) (Exhibit X-01.019, DVS.0000.0001.9111).
- 9 Transcript, Robert Cornell, Hearing Block 12, 18 March 2024, p 94–9509 [34–42].
- 10 Transcript, Robert Cornell, Hearing Block 12, 18 March 2024, p 94–9509 [44–45].
- 11 Department of Defence, *Portfolio Budget Statements 2023–24*, No 1.4A, 2023, p 3 (Exhibit 90-03.027, DVS.0012.0001.1571).
- 12 Department of Veterans' Affairs, *Corporate Plan 2023–24*, October 2021, p 17 (Exhibit F-04.074, DVS.1111.0001.2449).
- 13 Productivity Commission, *A Better Way to Support Veterans*, No. 93, June 2020, vol 2, pp 475–479 (Exhibit 01-01.011, Hearing Block 1, INQ.0000.0001.2780).
- 14 The Social Deck and MPConsulting, *Report on Consultation Outcomes: Proposed New Entity to Promote the Wellbeing of Defence Members and Veterans*, January 2024, pp 10, 13, 18 (Exhibit X-01.005, DVS.0000.0001.7916).
- 15 *Defence Act 1903* (Cth) s 110C.
- 16 *Defence Act 1903* (Cth) ss 110A, 110C; *IGADF Regulation 2016* (Cth), r 5; Exhibit 79-02.002, Hearing Block 11, Inspector General of the Australian Defence Force, Response to Notice to Give, NTG-IGD-002, IGD.9999.0002.0730 at 0731 [1.4].
- 17 Australian Government, *Organisation Register Dashboard*, December 2023, (Exhibit X-01.010, DVS.0000.0001.9093).
- 18 *Ombudsman Act 1976* (Cth), s 15.
- 19 Commonwealth Ombudsman, *Annual Report 2022–23*, October 2023, p 22 (Exhibit X-01.001, DVS.0000.0001.7572).
- 20 National Mental Health Commission, 'About', webpage, last updated 23 April 2024, www.mentalhealthcommission.gov.au/About, viewed 1 July 2024 (Exhibit X-01.011, DVS.0000.0001.9211).

- 21 National Mental Health Commission, 'National Suicide Prevention Office', webpage, www.mentalhealthcommission.gov.au/nspo, viewed 1 July 2024 (Exhibit X-01.012, DVS.0000.0001.9214).
- 22 National Mental Health Commission, 'About the National Suicide Prevention Office', webpage, last updated 26 September 2023, www.mentalhealthcommission.gov.au/nspo/about-national-suicide-prevention-office, viewed 1 July 2024 (Exhibit X-01.013, DVS.0000.0001.9091).
- 23 PFLR-36.1 (3C – Special Report on establishing a new entity, Commonwealth response), PFL.0003.0002.0001 at 0002.
- 24 Explanatory Memorandum, Defence Amendment (Parliamentary Joint Committee on Defence) Bill 2024 (Cth), 1–4.
- 25 Explanatory Memorandum, Defence Amendment (Parliamentary Joint Committee on Defence) Bill 2024 (Cth), 6–9.
- 26 Explanatory Memorandum, Defence Amendment (Parliamentary Joint Committee on Defence) Bill 2024 (Cth), 7.
- 27 Royal Commission into Aged Care Quality and Safety, *Final Report: Care, Dignity and Respect*, vol 1, 2021, p 217 (Exhibit X-01.006, DVS.0000.0001.7943).
- 28 Royal Commission into Aged Care Quality and Safety, *Final Report: Care, Dignity and Respect*, vol 1, 2021, p 218 (Exhibit X-01.006, DVS.0000.0001.7943).
- 29 Inspector-General of Aged Care, 'Who are we', webpage, last updated 30 January 2024, www.igac.gov.au/about-us/who-we-are, viewed 1 July 2024 (Exhibit X-01.014, DVS.0000.0001.9223).
- 30 Inspector-General of Aged Care, 'Oversight of the Aged Care System', webpage, last updated 16 October 2023, www.igac.gov.au/what-we-do/oversight-aged-care-system, viewed 1 July 2024 (Exhibit X-01.015, DVS.0000.0001.9218).
- 31 *Inspector-General of Aged Care Act 2023* (Cth), s 28.
- 32 *Inspector-General of Aged Care Act 2023* (Cth), ss 44–50.
- 33 *Inspector-General of Aged Care Act 2023* (Cth), ss 54–62.
- 34 Royal Commission into Misconduct in the Banking, Superannuation and Financial Services Industry, *Final Report*, vol 1, 2019, p 480 (Exhibit X-01.007, DVS.0000.0001.8283).
- 35 Royal Commission into Misconduct in the Banking, Superannuation and Financial Services Industry, *Final Report*, vol 1, 2019, p 480 (Exhibit X-01.007, DVS.0000.0001.8283).
- 36 Financial Regulator Assessment Authority, 'About FRAA', webpage, www.fraa.gov.au/about-fraa, viewed 1 July 2024 (Exhibit X-01.016, DVS.0000.0001.9105).
- 37 *Financial Regulator Assessment Authority Act 2021* (Cth), ss 12–17.
- 38 Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, *Final Report*, Vol 5: Governing for inclusion, September 2023, pp 111–118 (Exhibit X-01.008, DVS.0000.0001.8813).
- 39 *Bushfires Royal Commission Implementation Monitor Act 2011* (Victoria); *Family Violence Reform Implementation Monitor Act 2016* (Victoria); *Mental Health and Wellbeing Act 2022* (Victoria).
- 40 Royal Commission into Defence and Veteran Suicide, *Proposed New Entity to Promote the Wellbeing of Defence Members and Veterans: Consultation Paper*, November 2023 (Exhibit 90-04.001, Hearing Block 12, DVS.0012.0001.1862).
- 41 Transcript, Issac Ohlin, Hearing Block 12, 12 March 2024, p 90-8947 [32–42]; Transcript, Louise O'Sullivan, Hearing Block 12, 12 March 2024, p 90-8946 [18–19]; Transcript, Peter Kennedy, Hearing Block 12, 12 March 2024, p 90-8947 [46–47]; Transcript, Emma Whitehead, Hearing Block 12, 12 March 2024, p 90-8948 [13–17]; Transcript, Garth Callender, Hearing Block 12, 12 March 2024, p 90-8948 [22–25].
- 42 Department of Veterans' Affairs, 'Census Reveals Nearly 600,000 Veterans in Australia', webpage, 28 June 2022, www.dva.gov.au/newsroom/latest-news-veterans/census-reveals-nearly-600000-veterans-australia, viewed 1 July 2024 (Exhibit X-01.021, DVS.0000.0001.9094).
- 43 The Social Deck and MPConsulting, *Report on Consultation Outcomes: Proposed New Entity To Promote the Wellbeing of Defence Members and Veterans*, January 2024, pp 16, 20 (Exhibit X-01.005, DVS.0000.0001.7916).
- 44 The Social Deck and MPConsulting, *Report on Consultation Outcomes: Proposed New Entity to Promote the Wellbeing of Defence Members and Veterans*, January 2024, p 8 (Exhibit X-01.005, DVS.0000.0001.7916).



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